TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	LYAN	40420	9	CERTIFIC	JAID	UF DEATH			14	403			
1.	PLACE OF DEAT	in the same of the			- 1	2. USUAL RESIDENC	E (Where	deceased liv			sidence	before ad	mission)
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	h CITY OF TOW	ashington	a limite	MARYL c. LENGTH OF STAY		c. CITY OR TOWN (If	-		mite wri	te PIIRAL :	and gly	neares	t town)
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F	agerstow	n	1	3 years		Williams	sport	,		d	1-/		
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not In	hospital, give street ad	dress)	d. STREET ADDRESS					0.	IS RESI	DENCE
1	artin Ma	nor Nursing	Home			Canal Rd	•				Y		NO 🔼
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DA	ΓE	Month		Day	Yea	
	(Type or print)	Annie		Elizabeth	A	rdinger		ATH	Marc	ch	24	19	67
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED		. DATE OF BIRTH				IF UNDER 1			
T	emale	White	WIDOWE		2	Jan. 29 188	RO	78		Months	Days	Hours	Min.
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dui	ing most of work	TION (Give kind of work Ing life, even if retire	1)	INDUSTRY					ii country,	CO	UNTRY?	?	
	Housewi			ome			aryla			U	S.A		
13	FATHER'S NAM	IE				14. MOTHER'S MAID	EN NAME						
	Charl	les Ardinger				Lula Wo	ltz						
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 1	6. SOCIAL SECURITY NO.	17.	INFORMANT		Can	Addres	\$			20
(4)		(If yes give war or dates o	t service)	**	Mr	s. Ida Ardi:	nger			port 1	NA.		
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			•	line for (a), (b), and (c)	.1				- 81	4.	ONSE	T AND	EATH
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CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEA	TH 20b.	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature of	f Injury Ir	Part 1 or	Part II of	f Item 18.)			
CE	(IF EITHER, NO	TIFY MEDICAL EXAMI	NER)										
MEDICAL	20c. TIME OF	INJURY Month, Day,	Year 20d	INJURY OCCURRED 2	Oe. PLAC	E OF INJURY (Home, fa	rm, 201	. (City or	town)	(Cour	nty)	(S	tate)
ă	Hour a.		Whi		factor	y, street, office bldg., e	tc.)						
Σ		m. 19	at w		1.	15 1:	-63	· ibda	. 0	C	2 "		A look
-	21. I certif	fy that (I) (this hos	sita l) atter	ided the deceased fr	om_/7			to 14a					
		ceased alive on	lar 1	19.67, a	nd that	death occurred at	M,	from the	causes				above.
	22a SIGNATU	RE (1 11			ATTENDING	MED.	- STA	FF _	22b. DA	IL SIG	NED	
1	2 deve	212 WX	1191	0 711	M.D.	. PHYS.	DIRECTOR			3	14-1	2	
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	Albert L	Leaf Wil	liams]	port Marylan	d	中華具門	60	1967	you	orles	yes	The same	

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CHARLES AND THE PERSON NAMED AND ADDRESS OF with the Product City services and the Product Services THE PARTY OF THE P Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

04264

21. I certify that (I) (this haspital) attended the deceased fram 3-5-67, 19, ta 3-10-67, 19, that (I) (we) last saw the deceased alive an 3-9-67, 19, and that death accurred at 3:45 aM, fram causes and an the date stated abave. 220. SIGNATURE 220. SIGNATURE 220. DATE SIGNED 3-13-67	O. CUNTY Washington D. CIPY OF TOWN (If outside corporate limits, write RURAL and give necess town) Hagerstown C. CLENGTH OF STAY IN 1b S. CLENGTH OF STAY IN 1b C. CLENGTH OF STAY IN 1b C. CLENGTH OF STAY IN 1b S. CLENGTH OF STAY IN 1b S. MANE OF DEATH CONSTITUTION (If not in hospitol, give street oddress) Washington County S. MANE OF DEATH CONSTITUTION (If not in hospitol, give street oddress) Washington County S. SEX Washington County S. SEX Washington C. CLENGTH OF STAY IN 1b S. MANE OF DEATH CONTROL OF THE STAY IN 1b D. CLENGTH OF STAY IN 1b S. SEX Washington D. CLENGTH OF STAY IN 1b S. MANE OF BERTH S. CLENGTH OF STAY IN 1b S. MANE OF BERTH S. CLENGTH OF STAY IN 1b S. CLENGTH OF STAY IN 1b Washington D. CLENGTH OF STAY IN 1b S. MANE OF BERTH S. DATE OF BIRTH D. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH D. DATE OF BIRTH D. DATE OF BIRTH S. DATE OF BIRTH D. DATE OF BIRTH D. SEX IN 1b STAY IN 1b S. SEX S. DATE OF BIRTH D. DATE OF BIRTH D. DATE OF BIRTH D. DATE OF BIRTH D. SEX IN 1b STAY IN 1b S. SEX IN 1b S. DATE OF BIRTH D. DATE OF BIRT						
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14. MOTHER'S MAINE 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves. no, or unknown) (if yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. H. E. Balsiger Waynesboro, Penna. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Gastrointestinal and intracranial hemorrhage. INTERVAL BETWEEN ONSET AND DEATH DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse (b) Acute thrombocytopenic purpura. DUE TO Social Security NO. 19. WAS AUTOPSY PERFORMED? YES NO. 19. WAS AUTOPSY PERFORMED? YES NO. 19. WAS AUTOPSY PERFORMED? YES NO. 19. WAS AUTOPSY YES NO.	14. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED RYEE IN U.S. ARMED FORCES? (Type, no, or unknown) (If they give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Waynesboro, Penna. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Gastrointestinal and intracranial hemorrhage. MISTERVAL BETWEEN ONSET AND DEATH DUE TO Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse (b) Acute thrombocytopenic purpura. 19. WAS AUTOPSY PENGRAMED? (c) 19. WAS AUTOPSY PENGRAMED? (c) 19. WAS AUTOPSY PENGRAMED? (FIFTHER, NOTHER UNING CAUSE OF BEATH (IF FIFTHER, NOTHER UNING CAUSE OF BE	during most of working	life, even if retired)		11. BIRTHPLACE (County & St.	n Co.	COUNTRY?
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21. I certify that (I) (this haspital) attended the deceased fram 3-5-67, 19, ta 3-10-67, 19, that (I) (we) last saw the deceased alive an 3-9-67, 19, and that death accurred at 3:45 AM, fram causes and an the date stated abave 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 220. DATE SIGNED 3-13-67 221. DATE SIGNED 3-13-67	21. I certify that (I) (this haspital) attended the deceased fram 3-5-67, 19, ta 3-10-67, 19, that (I) (we) lead to the deceased alive an 3-9-67, 19, and that death accurred at 3:45 AM, fram causes and an the date stated abayon. 220. SIGNATURE 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) A. F. Abdullah, M. D. 221. PHYSICIAN'S NAME (Type) A. F. Abdullah, M. D. 222. PHYSICIAN'S NAME (Type) A. F. Abdullah, M. D. 233. BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	PART II. OTHER S	IGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDIT	ON GIVEN IN PART 1(o)	PERFORMED?
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ATTENDING DIRECTOR STAFF DIRECTOR 3-13-67	22c. PHYSICIAN'S NAME (Type) A. F. Abdullah, M. D. 22d. ADDRESS 132 N. Potomac St., Hagerstown, Md. 23o. BURIAL (REMATION, PHYSICIAN'S NAME OF CEMETERY OR CREMATORY) 23d. LOCATION (City or Town) (County) (Stote)	21. 1 (011	leceased alive an	3-9-67 19, and t	nat death accurred at 3	45aM, fram causes and	d an the date stated abave
22c, PHYSICIAN'S 22d, ADDRESS	22c. PHYSICIAN'S NAME (Type) A. F. Abdullah, M. D. 22d. ADDRESS 132 N. Potomac St., Hagerstown, Md. 23o. BURIAL (REMATION, PEMOVAL (Secrific)) 23d. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	saw the c		2-7			22b. DATE SIGNED
22c, PHYSICIAN'S 22d, ADDRESS	22c. PHYSICIAN'S NAME (Type) A. F. Abdullah, M. D. 22d. ADDRESS 132 N. Potomac St., Hagerstown, Md. 23o. BURIAL (REMATION, PRODUCTION (County) (Stote) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)			adullar	M.D. PHYS. X DIR	ECTOR PHYS.	3-13-67
	DCMOVA) (Conside)		14.4.				
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	DCMOVAL (Constitution of the constitution of t	22o. SIGNATURE 22c. PHYSICIAN'	\$		22d. ADDRESS 132 N. Pot	tomac St., Hag	erstown, Md.
DEMOVA) (Consciou)	Birial 3/12/1967 Green Hill Waynesboro, Franklin, Pa.	22o. SIGNATURE 22c. PHYSICIAN' NAME (Type)	A. F. Abdul	lah, M. D.	132 N. Pot		
Burial 3/12/190/ Green Hill Waynespore, Franklin, Pa.	24. FUNERAL DIRECTOR 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	22o. SIGNATURE 22c. PHYSICIAN' NAME (Type)	A. F. Abdul	lah, M. D.	132 N. Pot	23d. LOCATION (City or Town)	(County) (State)
	Walter of Store Wayneshore, Penna. 17 1967 Tollarles Judge	22c. PHYSICIAN' NAME (Typ. 23c. BURIAL, CREMATI REMOVAL (Specif	A. F. Abdul ON, 23b. DATE THEREOF 23/12/19	1ah, M. D. 23c. NAME OF CEMETERY Coreen Hi	R CREMATORY	23d. LOCATION (City or Town) Waynesboro,	(County) (Stote) Franklin. Pa.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 5 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Poge 4 moy be retained by the hospital or attending physician.

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EOR STATE

y is necessary. I director. Page or your files. o Department retained for your death. and 3 to the funeral age 5 may be retained to and 2 with the State E within 72 hours after d MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5. O PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and Health or its designated agent, prior to hurial commits. O DEPUTY

VR A15ME 5M 1/63

MAKYLAND STEEDEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) . COUNTY b. COUNTY Maryland Wash@ngton Washington MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural Williamsport RFD hrs. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Washingto n County Hospital Pinesburg 3. NAME OF Middle 4. DATE Day Month Year DECEASED (Type or print) 26 DEATH Keller 19 Banzhoff March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 BRS lest-birthday) Feb.14 1874 Months Male White WIDOWED TY DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A Maryland Fishing Fishing Guide 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Unger William Banzhoff 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivawarordatasofservica) Williamsport Mr. Amos Banzhoff 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN and contusion Sudden PART I. DEATH WAS CAUSED BY Brain Hemorrhage IMMEDIATE CAUSE (a) DUE TO accidental fall down basement steps Conditions, if any, which gave rise to immediate ceuse DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) I CERTIFICATION PERFORMED? NO TO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Entag nature of injury in Part I or Pert II of item 18.) PRIMARY X or CONTRIBUTING down basement steps Accidental fall CAUSE OF DEATH. MEDICAL Month, Day, Year 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) factory, street, office bldg., atc.)
HOME Not While Wash. Md. Wmspt. at work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion Accident X death resulted from: Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Weeks. M. EXAMINER'SHOWARD NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial March 29-67 Riverview Cemetery Williamsport, Md. 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

Albert L.. Leaf Williamsport Md..

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		04264	47.7	MEDI	CAL EXAM	MINER'S	CERTIFICAT	E OF DE	ATH	04	268	100
HEALTH DEPT.		PLACE OF DEATH o. COUNTY Washi	ngton			MARYLAND		NCE (Whère de	ceosed lived, if institu d b. COU	tion: Residence be	fore odmission	n)
ages 1, 2, and 3 to the farm PM3. Page the farm PM3. Page State Department of the barranter death.	-	b. CITY OR TOWN (If outside write RURAL ond give no	e corporote limits,	. 2	c. LENGTH OF S				porote limits, write RL	JRAL ond give ned	orest town) -	
2, and PM3. PM3. partme		Leitersbu	ırg		17 yes			rsbur	g	2	1-1	
Trans of Dep		d. NAME OF HOSPITAL OR IN	ISTITUTION (If not in I	nospital, gi	ve street oddress		d. STREET ADDRES				e. IS RESID	ENCE ARM?
sath. If Sages 1, ith farm		Rd # 5					Rd #				YES	
after death. 3. Give Page alang with f with the Star		NAME OF DECEASED	First	14.4	Middle		Lost	4. DAT	37		1 19	67
after de 8. Give P alang wi with the	S.		Simer OR OR RACE 7 A		William NEVER MAI		ngaman DATE OF BIRTH	DEA	9. AGE (In years	I IF UNDER 1 YEA		
	n	ale wh	nite W	IDOWED [DIVO	RCED	7-25-06		60st birthdoy) yrs.	Months Doy	s Hours	Min.
I haurs Item 18 Office Iand2 v		. USUAL OCCUPATION (Give kiing most of working life, even		10b. KIN	D OF BUSINESS COUSTRY eel mf		11. BIRTHPLACE			12. CITIZEN COUNTE		
4 C S 10 Z		Aborer FATHER'S NAME		St	eel mf	g•	Welsh 14. MOTHER'S MA		Md.			
hir nin in	13.		2i noomon					a Mum	mont			
	15.	John E. E. WAS DECEASED EVER IN U.S.	ARMED FORCES?	16. SC	OCIAL SECURITY N	O. 17. IN	VFORMANT	ia rium	Addr	ess		_
be executed "pending" in hief Medical E ansit permit. F ar remaval, a		s, no, or unknown) (If yes gi	ve wor or dotes of serv	17	4-01-3	577 E1	la Bing	raman	Leiters	burg.	Md.	
Mec Pendir Pender		18. CAUSE OF DEATH (En	ter only one couse pe					,			INTERVAL BET	WEEN
<u> </u>		PART I. DEATH WAS	CAUSED BY: IMEDIATE CAUSE (0)	Ho	Mryxel	fige	i du	e to			ONSET AND D	EATH
ate shauld be executed the ward "pending" is at the Chief Medical a burial-transit permit. crematian, ar remaval,		Conditions, if ony, which o	DUE TO	(200	X.Pa	noxide			1	5-30	Har
sh o o		rise to immediate couse	(o), (DUE TO		anon	110	noxide					
ficate ing the ded as a as a l, cre		stoting the underlying colost.	ouse (c)							1 1 1		
verification were well worked buried buried	NO	PART II. OTHER SIGNIFICAN	`	BUTING TO	DEATH BUT NOT	RELATED TO TH	HE TERMINAL DISEAS	SE CONDITION O	GIVEN IN PART 1(0)		19. WAS AUTO PERFORM	ED?
to be	FICATI	20o. EXTERNAL CAUSE WAS		201 DEC	CDIDE HOW INSIDE	V OCCUPATO //	Enter noture of inju	on in Don't on	Deat Hard Stern 10)		YES	NO 🗷
#=	L CERTIFICATION	PRIMARY Or CONTRIBUTI CAUSE OF DEATH.	NG □	20b. DE30	CKIRE HOW INJUK) OCCURRED. (I	enter notore of inju	iry in Port I or	Port II of Item 18.}			
a S II S to	MEDICAL	20c. TIME OF INJURY Mor Hour a.m.		14/4:5-	URY OCCURRED		E OF INJURY (Home		f. (City or town)	(County)	(State)
EXAM ute th age 4 yaur Page ed age	~	p.m.	19	ot work			1 1					
iteral EXA		21. I certify that death resulted from			oins described , Accident						nd in my	opinion
MEDINA Jease ex director. etained f DIRECTO s designo		deolii tesolled Hol	n: Noturor ca	nzez [, Accident			DICAL EXAMINE	Undetermined m	ionner []		
please all directer retainer its designs		SIGNATURE OLUMAN	Ow Vi	No-	TEL			T MEDICAL EXA			22. DATE	
ZA Se		EXAMINER'S NAME (Type) 5 4 4 6	rd W. I	1:46	TIT 1	12 21	w. evy	WPICAL EXAMIL	ER PL	3-	13-67	7
necessary, the funera 5 may be FO FUNERA Health ar	230	BURIAL, CREMATION,	23b. DATE THEREOF		23c. NAME OF	EMETERY OF F			vii, or county) LOCATION (City or To	own) (Cau	nty) /64	tote)
10 10 He		REMOVAL (Specify)	3-14-6		1		Cemeter		aynesbor		,, (31	0.01
VD 43515	24	. FUNERAL DIRECTOR			ADDRESS		25a.	REC'D BY REG	STRAR 2Sb. R	EGISTRAR'S SIGNA		3-
VR A15ME (5)	7	linnich Fur	annal Ha	mo	Hagans	torm	Md Al	AR 1 K	1007 00	usula,	udole	

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MARYLAND STATE DEPARTMENT OF HEALTH

División of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04265 er death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages A and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs affer death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

CERTIFICATE OF DEATH

04267

a. COUNTY	Wa shi sa sha				a. STATE		lived, it institution b. COUNT	v		
h CITY OF TOWN	Washingto	Ω	c. LENGTH OF STAY IN		c. CITY OR TOWN (If a	ryland	in itsis DUD		ningt	on
write RURAL on	d give nearest town) TOWN		1 day		Cascade		innis, wille KUKA	at and give in	edrest lowing	,
	TAL OR INSTITUTION (If not	in hospital ai			d. STREET ADDRESS	6			e. IS RES	IDENCE
	ton County				Rd 1				ON A	FARM?
3. NAME OF		110 Sp				T	161		YES	ND 📗
DECEASED (Type or print)	Edith	В	Middle lanche	Вс	last ppe	4. DATE OF DEATH	March		Day Y	ear 67
S. SEX	6. COLDR OR RACE	7. MARRIED	NEVER MARRIED	1 8	. DATE OF BIRTH		GE (In years	IF UNDER 1 Y		ER 24 HRS.
female	white	WIDOWED	DIVORCEO		10-6-1892	2 71	ast birthdoy) yrs.	Months D	ays Hours	Min.
10a. USUAL OCCUPATIO during most of warking nouse	N (Give kind of wark done plife, exen if retired)	LND	ID OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County			12. CITIZE	EN OF WHAT TRY?	
13. FATHER'S NAME	MIT 0	п	ome		Indian S		s, Ma.			
				3 4						
John G		T 14 C	OCIAL SECURITY ND.	17 11	Anna I	renner	Addres			-000
(Yes, na, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war or dates of s	ervice)						1.7		
no			none	WII	. A. Bopp	oe Cas	scade,	Md.		
	EATH (Enter anly ane cause TH WAS CAUSED BY:			ed h	emorrhage i	into gas	stro-	1 11	ONSET AND	DEATH
.578	DUE TO	inte	stional tr	act.	emorrhage 1	0				irs.
Conditions, if ony	,									
rise to immedia	te cause (a),		IOWIT							
stating the under	erlying cause (c									
PART II. OTHER S	IGNIFICANT CONDITIONS CON		DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	NDITIDN GIVEN I	N PART 1(a)		19. WAS AU PERFOR	TOPSY
Ather	osclerotic h								PERFOR.	MED?
20a. ACCIDENT WA	AS UNDERLYING GCAUSE OF DEATH			CURRED. (Enter nature of injury in	Port 1 or Port II	af item 18.)		42	
	MEDICAL EXAMINER)	0 1.19			- 100		OF F			12.5
20c. TIME OF INJ	JURY Manth, Doy, Year	20d. IN. While	JURY OCCURRED Not While		E OF INJURY (Hame, farmary, street, office bldg., etc.		ity or town)	(Caunt	y)	(Stote)
₹ 11001 C.	m. 19	at wark		1000	y, sireer, orrice blug., etc.	.)				67 h 3
21. I cert	ify that (I) (this bospi	tal) attend	ed the deceased f	ram!	arch 14	19.67, to.™	larch 15	1967	, that (1)	(we) las
	leceased alive on Ma	rch 15	19 <u>57</u> , a	nd that	death occurred at	12:05 M, f	ram causes a			ed above
22a. SIGNATURE	1. 1		10		ATTENOING (V)	MED.	STAFF -	22b. DATE		30(n
1///	X Jogm	01	mg-	M.D	. PHYS.	DIRECTOR L	PHYS.		h 17,	1907
NAME (Type		Layma	n, M.D.		22d. ADDRESST O(Hag	O Profes gerstown	sional , Maryl	Arts E and	lag.	
23a. BURIAL, CREMATI	ON, 23b. OATE THER	OF	23c. NAME OF CEMET	ERY DR C	REMATORY	23d. LOCAT	ION (City or Tow	n) (Co	บบกty)	(State)
REMOVAL (Specify	y) 3-18-	67	Rose	H111	Cemetery	v T	Jagerto	Turn 7	Md	
24. FUNERAL DIRECTO			ADDRESS		2Sa, REC	D BY REGISTRAR	250	ISTRAR'S SIGN	ATURE	100
Minnich	Funeral H	ome	Hagersto	wn.	Md. PATE	2 0 196	1	Trus (1 00	

then in exceeding the extraction of the property of the proper 1388 The State of the sale the state of the state of THE SHOURS TOOM and the control of th Manager and Land and Italy ages. The supplication of the state o

Items 18-21 Film 387 4-5-6 MARYEAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH/DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY g. STATE b. COUNTY Md. Washington death. Washington MARYLAND delay b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) ond write RURAL and give nearest tawn) PM3. Departm ofter 1 Week Rural, Cascade Rural, Cascade d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hours Pages YES NO DE State 24 haurs after death. Item 18. Give Page: Office along with for 3. NAME OF Middle 4. DATE Manth First Last Day Year 72 DECEASED Shirles 0F the Viola March within 19 6 (Type or print) wman DEATH WITH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED X last birthday) Manths Davs Hours 2/25/35 Female White WIDOWED DIVORCED 2 pencil in Item 1 P 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) U.S.A. INDUSTRY Machine Operator pages in any rd "pending" in pencil in Chief Medical Examiner's Smithsburg Md. be executed within 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marshall Bowman File Mary F. Brown 1S. WAS DECEASED EVER IN U.S. ARMED FORCE S? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Box 5 permit. (Yes, na, ar unknown) (If yes give war ar dates of service) removal. No. Cascade Md. Mrs. Marshall Bowman. Route 18. CAUSE OF DEATH (Enter anly one couse per line far (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Exposure 0 IMMEDIATE CAUSE (a) This certificate should e, writing the word forwarded to the Ch cremotion, DUE TO WY/ HOKING (BIG/S// RE) BAHTI Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause 0 last buriol used 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION certificate, YES 🔀 NO pe 0 20a. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of item 18.)
Wandered away from home into Mountain area -3 should PRIMARY Gr CONTRIBUTING should AL EXAMINER: CAUSE OF DEATH. apparently succumbed to elements agent, 1 MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, farm, (City or town) (State) Page 4 for your Hour a.m. Montactory street affice bldg etc.) Unknown may be retained for your FUNERAL DIRECTOR: Page Ritchie Wash. Md. at wark pleose execute designated 21. I certify that I taak charge af the remains described above, held an Autopsy Inspection Inquiry C' and in my apinion the funeral director. death resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE C O DEPUTY 0 5 may O FUNEI Health NAME (Type) LOCATION (City or Town) BURIAL CREMATION. (County) (State) Burial (Specify) /13/67 Bethel antz #1 Frederick Co. RECD BY REGISTRAR AR 1 4 19 24. FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) Waynesboro Pa. 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01200

USED	1		CERTIFICATE	OI DEATH			US	ナンシ		
1. PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceased			ce befar	e admissio	n)
a. COUNTY	Washi	rgton	MARYLAND	a. STATE Man	ryland	b. COUN	Was	hing	iton	
b. CITY OR TOWN (I	f autside carporate limit	s,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	utside carporate	imits, write RUF	RAL and give	neares	tawn)	
write RURAL and	give nearest tawn)	stown	50 yrs.	Hag	ierstown			21.	-/	
d. NAME OF HOSPITA	AL OR INSTITUTION (If n	at in haspital,	give street address)	d. STREET ADDRESS					ON A F	
Mart	in Manor Re	est Hom	e	16	Avalon	Ave.				NO X
3. NAME OF		rst	Middle	Last	4. DATE	Mant	h	Doy	Ye	or
(Type or print)	Je.	ssa	Pearl	Brill	OF DEATH	Marc	h	4	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. A	GF /In years	IF UNDER		IF UNDER	
Feamle	White	WIDOWED	DIVORCED	Jan. 21,18	87	gst birthdoy) 80 yrs.	Manths	Days	Haurs	Min.
IOa. USUAL OCCUPATION	(Give kind af work dane		IND OF BUSINESS OR	11. BIRTHPLACE (Count		n country)		IZEN OF		
during mast at warking I	ite, even it retired)	11	Own Home	Sincoln.	Nebrask	a.	1 %	UNTRY? SA		
13. FATHER'S NAME	- D -			Lincoln, 14. MOTHER'S MAIDEN	NAME					
	Alexander	r P. Fle	tcher	9	lessa Gri	ady				
1S. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17.	NEORMANT	19	Addre	SS			
(Yes, no, ocunknown)	(If yes give war ar dates	of service) 2 2	10-30-914304.9	Brill 29	Redwood.	Dr. Ha	Gerat	OWN.	Md-	
	ATH (Enter only one cou								RVAL BET	WFFN
	H WAS CAUSED BY:	4-7		0.0.		0	0		ET AND D	
1538	1MMEDIATE CAUSE		eno Concisio	read (CH ile	2 C	Server	A.			
Canditians, if any,			izel Hetast					1	No	
rise to immediate	e cause (a),	(b)	200 17 DY 034	win					1	
stating the under	lying cause									
	J	(c)	TO DESTIN OUT NOT DELETED TO	THE PERSONAL DISEASE CO	DUDITION CIVIEN I	N DADT 1/-)		110	WAS AUTO	V2QC
S PART II. OTHER SIC	MIFICANT CONDITIONS	ONIKIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN I	N PAKI I(0)			PERFORM	ED?
20o. ACCIDENT WAS OR CONTRIBUTING								Y	S	NO Z
200. ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	205. DI	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Port II	of item 1B.)				
(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
20c. TIME OF INJU	RY Month, Day, Year			CE OF INJURY (Home, far ary, street, office bldg., etc		ity ar town)	(Cou	ınty)	(State)
p.m	10	While at wor		ary, street, office blag., etc	.)					
21. I certif	y that (I) (th is ho	spital) atten	ded the deceased from_/	2-21-	19 66 , to_	3-4-	196	2, th	ot (I) (-	we) I
saw the de	ceased alive an_	Feb :	25 1967, and tha	t death occurred a	1335 M, 1	ram couses	and an th	ne dat	e stoted	oba
220 SIGNATURE	0	s 1/		47754001110	177			ATE SIGN		
Clwan	1114	180-	TIT, M.I	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	3-	4-6	7	
22c. PHYSICIAN'S NAME (Type)	Edwar	(w.	DIHOW, MI	22d. ADDRESS 217 W. W.	2 Shing y	Con St	. Ita	ger	Howy	1
23a. BURIAL, CREMATIO			23c. NAME OF CEMETERY OR		23d. LOCAT	ION (City or Tox	wn)	(Caunty)	(5	tate)
REMOVAL (Specify)		67	Rest Haven	Cemeteri	Hage	rstown,	Was	hino	ton.	Md
24. FUNERAL DIRECTOR	When Co	Kan	- ADDRESS	2Sa. REC	D BY REGISTRAR			- 0		_
	was co	Cl	11	M.J. DATE	MAD 7		GISTRAR'S SI	we	Jus Jus	198

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please campove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in got event, within 72 haurs after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. campletely filled in by the funeral Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

Canada Secretaria de La Companya de SAMPLE TO SELECT 220-36-949D . . . GIFT-36-98 B. C. Hart Charles and Company of the State of the State

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04268

CERTIFICATE OF DEATH

04270

	PLACE OF DEATH				
				2. USUAL RESIDENCE (Where deceased lived, if institution: Resi	
	o. COUNTY Washing	ton	MARYLAND	Maryland b. COUNTY	ington
ŀ	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and	
	Rura 1	d give nearest town)	6 Years	Rural Smithburg	21-1
-		AL OR INSTITUTION (If not in)		d. STREET ADDRESS	e. IS RESIDENCE
	Avalon	Manor, Inc.		Holiday Acres, Box 262	ON A FARM? YES NOX
	NAME OF	First	Middle	Last 4. DATE Manth	Day Year
	DECEASED Type ar print)	Edith	Catherine	Brown DEATH March 1	7, 19 67
5. 5	SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UND	DER 1 YEAR IF UNDER 24 HE
	Female	White W	IDOWED DIVORCED	March 16, 1893 dast birthday) Month	s Days Haurs Min
100	USUAL OCCUPATION	(Give kind af work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT
auri	ng most of working Housewi	ite, even it retired)	Own Home	Lansing, Michigan	COUNTRY?
_	FATHER'S NAME		- 1100 220000	14. MOTHER'S MAIDEN NAME	V
	Charles	Foerster		Mary Sandowsky	
15.	WAS DECEASED EVE	R IN II S ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		own, Md.
(Ye	s, no, ar unknawn)	(If yes give war ar dates af serv	rice)(irs. James M. Archer 2131 Fair	
7		FATIL /F		is o cames M. Al cher 21/1 Par	INTERVAL BETWEEN
		EATH (Enter anly ane cause pe TH WAS CAUSED BY:	r line for (a), (b), and (c).)		
	PAKI I. DEA	IMMEDIATE CAUSE (a) _	Cerebral T	hrombosis	ONSET AND DEATH
	22				
- 1					
	000	DUE TO			
	Conditions, if ony	, which gave) (b)	Arterio Sclero	tic Cerebral Vasc. Diver	50 7 175
	rise ta immediat	, which gave) (b) _ e cause (a), (DUS TO	Arteriosclero	tic cerebral Vasc. Disea	50 2475
	rise to immediat stating the unde	which gave (b) re cause (a), rlying cause	Arteriosclero	tic Cerebral Vasc. Diver	50- 2415
	rise to immediat stating the unde last.	, which gave e cause (a), rlying cause (c) (c)			
TION	rise to immediat stating the unde last.	, which gave e cause (a), rlying cause (c) (c)		THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
FICATION	rise to immediat stating the unde last. PART II. OTHER SI	, which gave (b)	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ERTIFICATION	rise to immediat stating the unde last. PART II. OTHER SI 20a. ACCIDENT WA' OR CONTRIBUTING	which gave (b) (b) DUE TO (c) GNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO		19. WAS AUTOPSY PERFORMED?
AL CERTIFICATION	rise ta immediat stating the unde last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	which gave (b) _ e cause (a), rlying cause GNIFICANT CONDITIONS CONTR SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	IBUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED.	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) (Enter nature of injury in Part 1 ar Part II af item 18.)	19. WAS AUTOPSY PERFORMED? YES NO
	rise ta immediat stating the under last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTIES, NOTIFY 20c. TIME OF INJI	which gave te cause (a), rlying cause GNIFICANT CONDITIONS CONTR SUNDERLYING □ □ CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Day, Year	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 20e. PLA	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) (Enter nature of injury in Part 1 ar Part II af item 18.) ACE OF INJURY (Hame, farm, 20f. (City ar town)	19. WAS AUTOPSY PERFORMED?
	rise ta immediat stating the unde last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	which gave (b)	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED. 20e. PLA	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) (Enter nature of injury in Part 1 ar Part II af item 18.)	19. WAS AUTOPSY PERFORMED? YES NO [
	rise ta immediat stating the under last. PART II. OTHER SI 20a. ACCIDENT WA' OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJI HOUT 'a.	which gave to cause (a), rlying cause (b) _ DUE TO (c) _ GNIFICANT CONDITIONS CONTR SUNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 20e. PLA While 1 of twork 1	(Enter nature of injury in Part I ar Part II af item 18.) ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	19. WAS AUTOPSY PERFORMED? YES NO ((County) (State)
	rise ta immediat stating the under last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJIMENT O	which gave to cause (a), rlying cause (b) _ DUE TO (c) _ GNIFICANT CONDITIONS CONTR SUNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 20e. PLA While at work at wo	(Enter nature of injury in Part I ar Part II af item 18.) ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	19. WAS AUTOPSY PERFORMED? YES NO (County) (State)
	rise ta immediat stating the under last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJIHOUT 0.1 p.1 21. I certi	which gave to cause (a), rlying cause (b) DUE TO (c) _ GNIFICANT CONDITIONS CONTR SUNDERLYING _ CAUSE OF DEATH MEDICAL EXAMINER) UTM. 19 fy that (i) (this hospital	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 20e. PLA While at work at wo	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) (Enter nature of injury in Part 1 ar Part II af item 18.) ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.) 7. 1966, ta Merchy, 1 at death accurred at Merchy, 1 at death accurred at Merchy, 22b.	19. WAS AUTOPSY PERFORMED? YES NO (County) (State)
MEDICAL CERTIFICATION	rise ta immediat stating the under last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJIME O	which gave to cause (a), rlying cause (b) DUE TO (c) _ GNIFICANT CONDITIONS CONTR SUNDERLYING _ CAUSE OF DEATH MEDICAL EXAMINER) UTM. 19 fy that (i) (this hospital	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 20e. PLA While at work at wo	(Enter nature of injury in Part I ar Part II af item 18.) ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.) 1966, ta McColl, 1 ATTENDING MED. STAFF	19. WAS AUTOPSY PERFORMED? YES NO (County) (State)
	rise ta immediat stating the under last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJIME O	(b)_ c cause (a), rlying cause GNIFICANT CONDITIONS CONTR S UNDERLYING □ □ CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Day, Year m. 19 fy that (I) (this hospital eceased alive on	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 20e. PLA While at work 1967, and that	(Enter nature of injury in Part I ar Part II af item 18.) ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.) 1966, ta Marchy, 11 death accurred at fish AM, fram causes and ar ATTENDING MED. STAFF 22b.	19. WAS AUTOPSY PERFORMED? YES NO (County) (State)
	rise ta immediat stating the under last. PART II. OTHER SI 20a. ACCIDENT WA' OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJIME	Which gave the cause (a), rlying cause (b) DUE TO (c) _ GNIFICANT CONDITIONS CONTR SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Day, Year m. 19 fy that (I) (this hospital eceased alive on	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 20e. PLA While at work 1967, and that	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) (Enter nature of injury in Part I ar Part II af item 18.) ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.) 1966, ta 1076, 11 11 death accurred at 1666, ta 1766, 11 12 D. ATTENDING MED. STAFF DIRECTOR PHYS.	19. WAS AUTOPSY PERFORMED? YES NO (
MEDICAL	rise ta immediat stating the under last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJIHOUT O. P. I. Certi Saw the 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	which gave to cause (a), rlying cause (b) DUE TO (c) GNIFICANT CONDITIONS CONTR SUNDERLYING CONTR SUNDERLYING CONTR SUNDERLYING CONTR SUNDERLYING CONTR SUNDERLYING CONTR SUNDERLYING CONTR 19 CONTR 19 Fy that (I) (this hospital eceased alive on 19	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED to face of the state of th	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) (Enter nature of injury in Part 1 ar Part II af item 18.) ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.) 1966, ta March 1, 1 11 death accurred at March 1, 1 12 death accurred at March 2, 1 12 death accurred at March 1, 1 22b. 22c. ADDRESS 22d. ADDRESS 244 M. Pot 4 Hegers	(County) (State) 19. WAS AUTOPSY PERFORMED? YES NO ((County) (State) 1967, that (I) (we) 10 the date stated about the date stated
MEDICAL MEDICAL	rise ta immediat stating the under last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJIHE OF INJIHE OR SIGNATURE 21. I certi Saw the di 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Which gave to cause (a), rlying cause (b) DUE TO (c) _ GNIFICANT CONDITIONS CONTR SUNDERLYING _	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 20e. PLA While at work at work at work 19.67, and that 40 40 40 40 40 40 40 4	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) (Enter nature of injury in Part 1 ar Part II af item 18.) ACE OF INJURY (Hame, farm, tarm, tarm, street, affice bldg., etc.) 1966, ta Merchy, 1 11 death accurred at Merchy, 1 12 death accurred at Merchy, 1 12 death accurred at Merchy, 1 22b. ATTENDING DIRECTOR PHYS. 2 22d. ADDRESS 22d. ADDRESS CREMATORY 23d. LOCATION (City or Tawn)	(County) (State) 19. WAS AUTOPSY PERFORMED? YES NO [(County) (State)
MEDICAL MEDICAL	rise ta immediat stating the under last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJIHOUT 0.1 21. I certical saw the divided of the saw th	which gave to cause (a), rlying cause (b) DUE TO (c) GNIFICANT CONDITIONS CONTR SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Day, Year m. 19 fy that (i) (this hospital eceased alive on 19 ON, 23b. DATE THEREOF 2—19—	20b. DESCRIBE HOW INJURY OCCURRED. 20e. PLA 40 40 40 40 40 40 40 4	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) (Enter nature of injury in Part 1 ar Part II af item 18.) ACE OF INJURY (Hame, farm, tarm, tary, street, affice bldg., etc.) 1966, ta Merchy, 1 11 death accurred at Merchy, 1 12 death accurred at Merchy, 1 22 death accurred at Merchy, 1 22 death accurred at Merchy, 1 22 death accurred at Merchy, 1 23 death accurred at Merchy, 1 24 death accurred at Merchy, 1 25 death accurred at Merchy, 1 26 death accurred at Merchy, 1 27 death accurred at Merchy, 1 28 death accurred at Merchy, 1 29 death accurred at Merchy, 1 20 death accurred at Merchy, 1 21 death accurred at Merchy, 1 22 death accurred at Merchy, 1 23 death accurred at Merchy, 1 24 death accurred at Merchy, 1 25 death accurred at Merchy, 1 26 death accurred at Mer	(County) (State) 19. WAS AUTOPSY PERFORMED? YES NO ((County) (State) 19. WAS AUTOPSY PERFORMED? YES NO ((County) (State)
23ca 24	rise ta immediat stating the under last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJIME O	(b)_DUE TO (c)_CONTRICTIONS CONTR SUNDERLYING CAUSE OF DEATH MCAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 20e. PLA While at work at work at work 19.67, and that 40 40 40 40 40 40 40 4	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) (Enter nature of injury in Part 1 ar Part II af item 18.) ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.) 1962, ta Merchy, tarted at M. fram causes and are tarted at M. fram causes at M. fram causes and are tarted at M. fram causes	(County) (State) 19. WAS AUTOPSY PERFORMED? YES NO [(County) (State) 19. WAS AUTOPSY PERFORMED? YES NO [(County) (State) (County) (State) (County) (State) S. SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs affer death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

March and Mark and A CONTRACTOR OF THE PROPERTY O · The Attendance the bearing the arm of the property of the pro . Englishman was a color of all the glant standard

MARYLAND STATE DEPARTMENT OF HEALTH

0426	9		CERTIFI	CATE	OF DEATH		04	271		
o. COUNTY	WASHING'	TON	MARYL	AND	07475	(Where dece	ased lived, if institution: ANTA b. CDUNTY		before odr ANKLI	
	(If outside corporate limits id give negrest town) HAGERSTOWN	,	c. LENGTH DE STAY IN 5 YRS.	l lp			rote limits, write RURAL TEVILLE	ond give n	eorest tow	vn)
d. NAME OF HOSPIT	TAL OR INSTITUTION (If no MANOR NURS	, ,			d. STREET ADDRESS R.D.#	ŧ 3			e. IS ON YES	RESIDENCE A FARM? ND
B. NAME OF DECEASED (Type or print)	SUELLA Fire	st	Middle NEHART	(Last CASPER	4. DATE OF DEAT	H MARCH	12		Year 19 67
FEMALE	6. COLDR DR RACE WHITE	WIDOWED	NEVER MARRIED DIVORCED		B. DATE OF BIRTH AUGUST 14,1	.895			oys Ho	JNDER 24 HRS Durs Min.
luring most of working PARTNER	N (Give kind of work done glife, even if retired)	10b. KI	ND OF BUSINESS DR DUSTRY RCHARD			ON CO.	foreign country) MARYLAND	12. CITIZE COUN	TRY?S.	AT
	EDMUND P. C	OHILL			14. MOTHER'S MAIDEN MARY	NAME RINE	HART			
IS. WAS DECEASED EV (Yes. no, or unknown) NO	ER IN U.S. ARMED FORCES? (If yes give wor or dotes or	service) 16. 1	social security no. 2-38-9683A		. JOHN P. C	CASPER	Address R.D.#.3	FAYE'	,	LLLE ANIA
Conditions, if ony rise to immedio: stoting the underlost.	te couse (o), erlying couse	(b) M (c) 1D (c)	eloich met		aia of Spls				ONSET A	L BETWEEN AND DEATH
PART II. OTHER S	IGNIFICANT CONDITIONS CO									AUTOPSY FORMED? NO
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE.			(Enter noture of injury in		ort II of item 18.)			
Hour o.	JURY Month, Doy, Yeor .m. 19	20d. 1N While of work	Not While		CE DF INJURY (Home, for ory, street, office bldg., etc		(City or town)	(Count	у)	(Stote)
21. 1 certi	ify that (1) (this hosp leceased alive on Jolus	oital) attend	ded the deceased f		at death accurred a ATTENDING T. PHYS. L 22d ADDRESS	MED. DIRECTOR	to 3 - 12 M, from causes an STAFF PHYS. ST. HAGERS	on the	date st SIGNED	ated abov
30. BURIAL, CREMATI	ON, 23b. DATE THE MARCH 1		23c. NAME OF CEMET				LOCATION (City or Town)		ounty) YLVAI	(Stote)

2Sa. REC'D BY REGISTRAR

ADDRESS

HAGERSTOWN, MARYLAND

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Page should be filed with the State Dept. of Health prior ta burial, cremoting, or removal, and in any eyent, within 72 haurs at Page 4 may be retoined by the hospital or attending physician.

24. FUNERAL DIRECTOR

CHARLES M. ROUZER

ITSAG PETERSTONE TO THE TENER AND THE STATE OF THE STORY WITH THE REAL PROPERTY. 10. TELAK TELAK TELAK DENGEN DENGEN DENGEN DENGEN DENGEN DEN 10. DENGE DEN 10. DEN 10. DEN 10. DEN 10. DENGE DEN 10. DEN 10. DEN 10. DEN 10. DEN 10. DEN 10. DENGE DEN 10 THE THE PARTY OF T The state of the s SECTION OF THE SECTION OF THE PROPERTY OF THE DOLL THE RESIDENCE OF SECURITY OF SECURITY OF SECURITY

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

eath.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral	Page	edill.)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	D FUN	direct	shaul	6
VR 25	A1:	5 (4	1)	G

US	270		CERTIFICAT	E OF DEATH		DARY	19
1. PLACE OF o. COUNT	DEATH shington		MARYLAND	2. USUAL RESIDENCE (* o. STATE Marylar	Where deceosed lived, if insti	itution: Residence bef QUNTY Rashington	
b. CITY O	R TOWN (If outside corporote lim RURAL ond give neorest town) ral Knoxville	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate limits, write Knoxville Rfd	RURAL ond give neon	
d. NAME (OF HOSPITAL OR INSTITUTION (IF	not in hospitol, g	give street oddress)	d. street address	ton		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF		irst	Middle	Lost		onth Do	oy Year
(Type or p		sie	0.	Castle	OF Mar	ch 31,	19 6
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy) 60 yrs	Months Days	
Fema		WIDOWED		June 5, 190			
during most o	CCUPATION (Give kind of work don f working life, even if retired) sewife	e 10b. KI	IND OF BUSINESS OR IDUSTRY WN Home	Middleto	& State, or foreign country)	12. CITIZEN COUNTRY	
13. FATHER'S			WIL HOME	14. MOTHER'S MAIDEN			
Ira	C. Moss			Hattie 1	Mae Cochran		
	EASED EVER IN U.S. ARMED FORCES nknown) (If yes give wor or dotes	? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Knos	desille, Md	•
(Yes, no, or u	nknown) (If yes give wor or dotes	of service) 21	5-26-8159 M	. Cornelius	W. Castle, J		
18. CAI	JSE OF DEATH (Enter only one co RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUS	H	(0), (b), and (c).)	any th	nov-bosis		NTERVAL BETWEEN ONSET AND DEATH
	ns, if ony, which gave	E TO an	lenglust.	Leent T.	Jean		1 eurs
	mmediote couse (o). the underlying couse	E TO (c)					
PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	11	9. WAS AUTOPSY PERFORMED? YES NO
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)	20b. D E	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Part I or Part II of item 18.)		
WEDICAL 20c. TIN	AE OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While	Not While fo	ACE OF INJURY (Home, farn ctory, street, office bldg., etc.		(County)	(Stote
21. sav	I certify that (I) (this have the deceased alive an_	spital) attend	ded the deceased fram_ 19 <u>47</u> , and th	5 - 7 - , 1 at death accurred at	9 63 , ta 1-9- 4 M, fram cause	, 19 <u>67,</u> es and an the do	that (I) (we) ate stated abo
		was:	N	A.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIG	
	TYSICIAN'S JOSE PH	SE	CONDARI	22d. ADDRESS	Boonsro	Ro Mo	d
230. BURIAL REMOV	Al (Sperify)		23c. NAME OF CEMETERY OF		23d. LOCATION (City or		nty) (Stote)
24. FUNERA	L DIRECTOR			c Cemetery	Brownsvil By REGISTRAR 25b.	REGISTRAR SEIGNAT	Pridge.
houn H	. Bast, Jr. 11	Z II. 110.	in St. Boonsbo	DAIL DAIL	U	U	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

04273

U		CERTIFICATI	C OF DEATH	
1. PLACE OF I	- WASHINGTO		2. USUAL RESIDENCE (Where deceased lived, if institution: Resid o. STATE MARYLAND b. COUNTY WA	ence before odmission) SHINGTON
write RU	OWN (If outside corporate limited and give neorest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL ond g	ive neorest town)
HAHE	RSTOWN	4 DAYS	HAGERSTOWN MARYLAND	2/-/
9 WASHIN		not in hospital, give street address) / HOSPITAL	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO X
			LA DATE M. d.	
3. NAME OF DECEASED (Type or pri	1A/ 1 1	First Middle	CHANEY 4. DATE OF DEATH 3	Doy Year 25 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED		R 1 YEAR IF UNDER 24 HRS.
M	W	WIDOWED DIVORCED	10.30.1904 (62 yrs. Months	Days Haurs Min.
	PATION (Give kind of work don- orking life, even if retired)	e 10b. KIND OF BUSINESS OR INDUSTRY		COUNTRY?
13. FATHER'S I			14. MOTHER'S MAIDEN NAME	
WIL	LIAM CHANEY		SUSAN M POWELL	
15. WAS DECE	SED EVER IN U.S. ARMED FORCES nown) (If yes give wor or dates	of service)		SERSTOWN MD.
PAR' Condition: rise to im	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSI Output Du if ony, which gove predicts cause (a)	Duse per line for (o), (b), and (c).) E (o) acute corona E TO (b) acuteriasclerati E TO (c) generalized	a heart disease	INTERVAL BETWEEN ONSET AND DEATH THE STATE OF THE STATE O
3 CATION		CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCID OR CONTRI (IF EITHER,	ENT WAS UNDERLYING BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Port I or Port II of item 18.)	
	OF INJURY Month, Doy, Year our o.m. p.m. 19	While - Not While - fo	ctory, street, office bldg., etc.)	County) (Stote)
saw	the deceased alive an_	aspital) attended the deceased fram_ 25 Morch 19 62, and the	at death accurred atM, fram causes and an	the date stated above.
22o. SIG	Johne,	Starff_ N	A.D. PHYS. MED. DIRECTOR PHYS. 29	DATE SIGNED 67
22c. PHY	E (Type)	/ /	22d. ADDRESS	
23o. BURIAL, C				(County) (State)
BEMOHAI	AL" 3.29	.67 CEDAR LAWN	MEMORIAL HAGERSTOWNWAS	HINGTON MD.

The first of the first of Manager States the first of the 87530 CHALVEAS MROTERIERH POST . 0E . 0 T A. T. U. LOWA LY BALL DILL ACREAS INC. SUBAR A PONEUL V-1240 Characterstant -do . TR #1.38 ART. #15 427656.31 #177AU 1996.45.45 TO SEE THE PROPERTY OF THE PRO Though Homes and make

MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISION	OF VITAL R	ECORDS, 301 W. P	RESTO	N STREET, BALTIMO	RE, MAR	YLAND 21201				
	0427	•		CERTIFIC	CATE	OF DEATH		0	427			
	PLACE OF DEATH					2. USUAL RESIDENCE (V	/here deceas			ce befare a	dmission))
	a. COUNTY WASHI	NGTON		MARYLA	AND	a. STATE MARYLAN	ID	b. COUN		TNGTO	N	
	b. CITY OR TOWN (I	f autside carparate limit	s,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If au		te limits, write RUR				
		give nearest tawn)		70 YEARS	. [HAGERS	OWN		21-	1		
		AL OR INSTITUTION (If n	at in haspital, g			d. STREET ADDRESS					S RESIDEN	
	733 MAI	RYLAND AVEN	WE			733 MAR)	LAND	AVENUE		YES	ON A FAR	0 [X]
3.	NAME OF		rst	Middle	- 1	Last	4. DATE	Manth	1	Day	Year	
	(Type or print)	HA	ARRY	THOMA	S	CLARK	OF DEATH	MAR	СН	24	19 6	57
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	. DATE OF BIRTH	9	. AGE (In years last birthday)	IF UNDER Months		UNDER 2	
	MALE	WHITE	WIDOWED	DIVORCED		JULY 12 187	74	92 yrs.	MOIIIIIS	Days	laurs	Min.
100	. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County &	State, ar fai	reign cauntry)	12. CI	IZEN OF W	HAT	
uuı	RETIRED	MERCHANT	LIC	QUOR STORE		PHILADELPH	IIA PE	NNSYLVAN	IV	UNTRY?	A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
	THOMAS					CECILIA	SI	OLER				
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service) 16. S	OCIAL SECURITY NO.	17. II	FORMANT		957 VIE	STR	EET		-
1	NO	(ii yes give war ar a ares	21	4-09-9106A	1	ARS MYRA L N	MARTIN	HAGERS'	TOWN	MARYI	AND	4.6
		ATH (Enter only one cal									AL BETWE	
		TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Cor	omry occ	lus	ion			-	udate	HIY DEA	4161
	4/201	DUE						2		Т., Л.		. 4 4
	Conditions, if ony, rise to immediat	e couse (a)	(-)	erioscler	oti	c heart d	iseas	se		Inde	eiir	lite
	stating the under		TO							1400		
	last.	,	(c)									
ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO TI	HE TERMINAL DISEASE CON	DITION GIVE	N IN PART 1(a)		19. WA	AS AUTOP: RFORMED NO	0 X
CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	URRED. (Enter noture af injury in F	art I ar Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJU	JRY Manth, Day, Year				E OF INJURY (Hame, farm	, 20f.	(City ar tawn)	(Cau	inty)	(Sto	ote)
ME	Haur 'a.n p.n	10	While at wark	Nat While at wark	tacta	ry, street, office bldg., etc.)				_		
	21. I certif	y that (1) (MicsXhio)	(paixi) attend	ed the deceased fr	am_D	ec. 13 ,1	03,1	March 2	24, 19	that	(1) (X62)	€) last
	saw the de	eceased alive on_I	larch	23 19 07, an	d that	death accurred at	154 M	, from causes o	and an th	ne date s	tated o	abave.
	22a. SIGNATURE	(VV)	11.	'Q			MED.	STAFF -	220. UF	TE SIGNED		
	Dinieles :	111	1 Cher	-5	M.D	PHYS. KY	DIRECTOR	PHYS.	3/2	5/67		
	22c. PHYSICIAN'S NAME (Type)	B.B. KI	NEISLEY	м.р.		22d. ADDRESS 148 W WAS	SHTMO	ON ST UA	CEPCM	OUDI N	M)	
	, ,, ,					TAO M MAP	TIMITE	UN DI . HA	LCITIZE	CATA T.	11/0	

23c. NAME OF CEMETERY OR CREMATORY

ROSE

ADDRESS

CEMETERY

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the f director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages director, page 3 should be detoched for use as the burial-tronsit permit. Then please remo should be filed with the Stote Dept. of Heolth prior to burial, cremation, or removol, and in any Page 4 moy be retained by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

we carbon papers. Poges 1 and 2 event, within 72 hours after death.

10o dur 13.

MEDICAL CERTIFICATION

BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24. FUNERAL DIRECTOR

VR A15 (4) 25M 1/67

CHARLES M ROUZER HAGERSTOWN MARYLAND

23b. DATE THEREOF

3/27/67

HAGERSTOWN 2Sa. REC'D BY REGISTRAR
MAR 28 1967

23d. LOCATION (City or Town)

WASHINGTON MD

(County)

(State)

economic services and the services are the services and the services and the services and the services and the services are t The second of th The part of the same of the sa AND THE RESERVE OF THE PROPERTY OF THE PROPERT

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 1275

1. PLACE OF DEATH a. COUNTY	Washingt	on	MARYL		o. STATE Peni		d lived. If institut b. COUNTY		e before od klin	missian)
b. CITY OR TOWN (RURAL ond give in Hagerst		ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (I		orote limits, write f	RURAL ond g	ive nearest t	awn)
d. NAME OF HOSPIT OR INSTITUTION	ral (If not in hospitol, calkson Conva	ive street Lesce	address) ent Home		d. STREET ADDRESS 45 N. 1	Potomac	st.		0	RESIDENCE N A FARM?
3. NAME OF P DECEASED (Type or print)	Athalin		Middle	C	lost reager	4. DATE OF DEATH	Ma:	reh	Doy 10	Year 1967
5. SEX Female	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED		DATE OF BIRTH June 12, 18	379	9. AGE (In years birthdoy) yrs.		YEAR IF U	NDER 24 HRS. urs Min.
10a. USUAL OCCUPATION during mast af war Nurse	king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTR	Washingto				ZEN OF WI	HAT COUNTRY
13. FATHER'S NAME JOSOP	h Creager				14. MOTHER'S MAIDEN Bettie		ller			
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.		Pauline Sto	oner, 3		ress urch S	t., W	Pa. aynesb
Canditians, if a gave rise ta i couse (a), stating lying cause last.	mmediate (ar	engestive eteroscler							nd DEATH days
DE 200. ACCIDENT WA			CONTRIBUTING TO DEAT					VEN IN PART	PE	AS AUTOPSY REFORMED?
I I	Y Month, Day, Ye	While		0e. PLAC foctor	E OF INJURY (Home, fa y, street, affice bldg., e	arm, 20f. (City	y or town)	(C	aunty)	(Stote)
21. I certify the alive an3_/ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	18/67 Houn	12	eks, M.D.	leath a	. 580 No.	5AM, from ADDRESS (S rthern		and an th state)		
220. BURIAL, CREMATIC REMOVAL (Specify)	3/13/19		22c. NAME OF CEMET Green Hil		REMATORY	22d. LOCA	TION (City, town,	or county)	Pen	State)
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS Waynesboro	Pen	MAR	1 4 196	187 PCLE	STRAR'S SIG	NATURE	

. To memode S . If FA Balls con Containment Com Elm Lacin THE RESERVE THE PARTY OF THE PA VHO- 1279 -119 Teachton Co., 445. . Comitte Stones. 300 . Chards St. Horney Str. Tarrett Sitsing Committee Tarretty . ARM . COMP. J. MAN.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0466	4		CEKTIFICAT	E OF DEATH			U4:	410			
0	PLACE OF DEATH D. COUNTY Washing			MARYLAND	2. USUAL RESIDENCE a. SJATE Maryland	i	b cou	nington		ion)		
b		If outside carparate limit	i,	c. LENGTH OF STAY IN 1b								
	write RURAL and give nearest tawn) Hegerstown			2 Weeks	Rural Bo	onsbor	0	21	21-1			
d	. NAME OF HOSPIT	AL OR INSTITUTION (If no	t in hospitol,	give street address)	d. STREET ADDRESS				e. IS RES	DENCE		
	Washing	ton County	Hospit	al	Rfd. 1				ON A			
	NAME OF	Fi	st	Middle	Lost	4. DATE	Man	th	Day Y	ear		
	Type or print)	Ior	12	Katherine	Creager	OF DEATH	March 2	23,	19	6.		
S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		AGE (In years	IF UNDER 1 Y				
	Female	White	WIDOWED	DIVORCED	Oct. 9, 1	1922	last birthday)	Months 1	ays Hours	Mi		
	USUAL OCCUPATION (Give kind of work done			IND OF BUSINESS OR	11. BIRTHPLACE (Caunt				EN OF WHAT			
durir	ng most af warking Housewi	life, even if retired)	11	Own Home	San Mar,	Wash.	Co. Md.	COUN	TRY?			
13.	FATHER'S NAME	2.0		OHIL HOMO	14. MOTHER'S MAIDEN			0 1				
	Perny O	Graen			Core M.	Harris	on					
15	Perry C. Green Cora M. Harrison Was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address											
(Yes	No. Charles W. Creager, Boonsboro Rfd.1, M											
_	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETA											
	18. CAUSE OF DI	EATH (Enter anly ane cau TH WAS CAUSED BY:	/	VI AAA	4044	1 11 . 1			ONSET AND			
	17713	IMMEDIATE CAUSE	(0)	un / con	my cm	Mon			ec 19	16		
-1	1///	DUE	10 /	. 0	Motrulus	1 -		17	much	2-1.		
	Canditians, if any, which gave rise to immediate cause (a),											
-1	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c) Herman Aue to obstructure Juniture - DUE TO (c) Herman Aue to obstructure Juniture - DUE TO (d) Herman Aue to obstructure Juniture - DUE TO (d) Herman Aue to obstructure Juniture - DUE TO (e) Herman Aue to obstructure Juniture - DUE TO (d) Herman Aue to obstructure Juniture - DUE TO (e) Herman Aue to obstructure Juniture - DUE TO (d) Herman Aue to obstructure Juniture - DUE TO (e) Herman Aue to obstructure Juniture - DUE TO (f) Herman Aue to obstructure Juniture - DUE TO (f) Herman Aue to obstructure Juniture - DUE TO (g) Herman Aue to obstructure Juniture - DUE TO (g) Herman Aue to obstructure Juniture - DUE TO (g) Herman Aue to obstructure Juniture - DUE TO (g) Herman Aue to obstructure Juniture - DUE TO (g) Herman Aue to obstructure - DUE TO (g) Herman Aue											
- 1	lost. (c) Appulation & Disease											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE							IN PART 1(a)		19. WAS AU PERFOR	TOPSY MED 2		
arma								YES	NO			
鬒	20a. ACCIDENT WAS		20b. DI	ESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Part 1 ar Part	II of item 18.)					
CERTIFIC		CAUSE OF DEATH MEDICAL EXAMINER)										
3	,	JRY Month, Day, Year	20d. 1	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, for	rm, 20f.	(City or town)	(Caunt	γ)	(State)		
MEDICAL	Haur a.r	n.	While	Nat While fo	actory, street, office bldg., etc					330		
1	2) Leoreti	The	at war		2411-	1067	mie-1-	10/0	7 that 142	(1410)		
	saw the de	eceased alive on	pholy diren	ded the deceased fram_ 19 67 and th	at death occurred a	14:05 AA	fram causes	and an the	date state	(we)		
-	22a. SIQNATURE					n. n.		22b. DATE				
		my ha	ulsa	un 1	M.D. PHYS.	DIRECTOR	STAFF PHYS.	3-ド		7		
	22c. PHYSICIAN'S NAME (Type)	BIDNE	YN	OVENSTE,	22d. ADDRESS	WKS	you n	m	2 ,			
23a.	. BURIAL, CREMATIC	ON, 23b. DATE TH	REOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOC	ATION (City or To	iwn) (Co	ounty) ((Stote)		
	REMOVAL (Specify	3- 25-	- 67	Myersville	EUB. Cemete		Myersvi		′′			
24.	FUNERAL DIRECTO			ADDRESS	2Sa. REC	'D BY REGISTRA	AR 1 25h R	EGISTANS S. SLGN	LATURE ()	101		
			BT 3.5-	710-011-000		MAR 2	8 1967	Il Colory	as In	0		
103	BG ell list	BU, UI. 112	. N. Me.	in St. Boonsbe	oro, Md. DAIL	sast as a sale,		4	U	20		

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the directar, page 3 should be detached far use as the burial-transit permit. Then please remays carban papers. Pages

VR A15 (4 25M 1/67

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いる TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 7 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OLONGO
CERTIFICATE OF DEATH

03660	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence Defore admission) a. STATE b. COUNTY
WASHINGTON MARYLAND	MARYLAND WASHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
HANGOCK 38 YEARS	HANCOCK 21-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
136 WEST HIGH STREET	136 WEST HIGH STREET YES NO N
3. NAME OF First MIDDLE	Last 4. DATE Month Day Year OF DEATH MARCH 7. 167
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED 9	/17/1899 67 yrs. Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) INDUSTRY PETROLEUM SALES	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ASBURY HOUSTON CROUSE	CATHERINE VIRGINIA SOTTLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT 136 WidesHIGH STREET
	HEL O. CROUSE HANCOCK, MARYLAND
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	raiac onfarg
4201 DUE TO	market Stome + ?
Cenditions, If any, which gave rise to Immediate (b)	anny cum -
cause (a), stating the DUE TO	
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
FARTH. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor 20d. PLAN factor	1 / 1 / / / / / / / / / / / / / / / / /
21. I certify that (I) (this hospital) attended the deceased from	12/7, 196/to 12//, 196/that (1) (we) last
saw the deceased alive on	death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE MARAPLER M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS.
NAME (Type) L.M. SHAFFER M.D.	MAIN STREET, HANGOCK, MARYLAND
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR ON PANALERX 23d. LOCATION (City, town or county) (State)
BURIAL 3/10/67 LOAKLAND MET	HODIST MORGAN CO. WEST, VIRGINI
24. FUNERAL DIRECTOR ADDRESS	25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Howard & Type Hanne	and DAMAR 1 4 1967 June June

VR A15 (4) 20M 1/65

WO TRY I HEAT THE MOTORINEAS MOODK HAROOK HAROOK TEST NEW YEST NEW TEST NEW TEST NICH STREET HOW AN MOTORY GOODS MOTORY 76 1081/11/9 31/16/16 31/16/16 31/16/16 31/16/16 31/16/16 31/16/16 31/16/16 31/16/16 31/16/16 31/16/16 31/16/16 PETROLEON SALES MORVAN DOL. 2.VA. U.O.A. ASERTY HOUSTAN OROUSE TO LOUIS VIRGINIA SOTTLEN YOURTE HOLE . O CET YES IN LOCK AN REPORT TO THE STREET WAS DECIDED IN THE STREET There I will be the state of the second

L.M. SHAFFER M.D. HANG STREET, HANGOOK, MATCHARD

BURIAL 3/10/67 CARDAWET-COLOT MORKAY BC., WEST. VIRCINE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04276			CERT	TIFICATE	OF DEATI	Н			04	278	3
	PLACE OF DEATH o. COUNTY W	ASHINGTO	V	٨	MARYLAND	2. USUAL RESIDEN			ed, if institution b. COUN	on: Residence b	efore odmi	ssion) ON
		f outside corporote lim	its,	C. LENGTH OF ST	RS.	c. CITY OR TOWN	(If outside co		its, write RUR	AL ond give ne	orest town	
	d. NAME OF HOSPITA WASHII	NGTON COL	NTY H	give street oddress)		d. STREET ADDRES		AVE	•		e. IS RI ON / YES	SIDENCE FARM? NO
	NAME OF DECEASED (Type or print)	SARAI	First I	ELIZA	BETH	CUSTE	R 4. D.		MARC	H 2		Year 19 67
S.	FEMALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MAR			/1894	72	(In yeors birthday) yrs.	Months Do	ys Hou	
	USUAL OCCUPATION	(Give kind of work don ite werk (fatired)		ND OF BUSINESS O	R	11. BIRTHPLACE (COVERED LA VIRGI	INIA	or foreign o	country)	12. CITIZEN	OF WHAT	
13.	FATHER'S NAME MORGA	N PRICE				14. MOTHER'S MAI	IDEN NAME N BRE	EDEN				
15. (Ye	WAS DECEASED EVE es, NO unknown)	R IN U.S. ARMED FORCES (If yes give wor or dote:	of annihilation and a second	SOCIAL SECURITY N		NFORMANT R. JOSE	PH W.	CUS		GERST(NWC • CIM	
	18. CAUSE OF DE PART 1. DEAT 3 3 /X Conditions, if ony, rise to immediate	which gove	E (o)	(a), (b), ond (c).) breler	el Z	ascul	-			t ;	INTERVAL ONSET AN VILLE	
	stoting the under		(c)									
CERTIFICATION	Por	SNIFICANT CONDITIONS	it	cerebra	e a	ccedent	5	Dea	chile	4	19. WAS A PERFO	UTOPSY RMED? NO
CERTIFI	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)		20b. DE	SCRIBE HOW INJUR	Y OCCURRED. ((Enter noture of inju	ry in Port I o	or Port II of	item 18.)			
MEDICAL	20c. TIME OF INJU Hour'o.n p.n	JRY Month, Doy, Yeor n. n.	While			E OF INJURY (Home ory, street, office bldg		20f. (City	or town)	(County)		(Stote)
		fy that (I) (this ho eceased alive an_				1-26 death accurred	_ , 19 4 G		m causes o	nd an the		
	22o. SIGNATURE	Po Ten	1.4/	andle	M.D	111141	MED.	OR	STAFF PHYS.	22b. DATE S		
	22c. PHYSICIAN'S NAME (Type)	Robert F.	Keadle	, M. D.		22d. ADDRESS Hagers		Md.	21740			
230	BURIAL, CREMATIC REMOVAL SOLETY	LAL 23b. DATE I	HEREOF 27/67	ROSE 23c. NAME OF	CEMETERY OR O				N (City or Tow		inty)	(Stote) MD •
24	. FUNERAL DIRECTO	R	11.10	ADDRESS	_	250.	REC'D BY RE	GISTRAR	25h PFG	ISTRAR'S SIGNA	TURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ady eyent, within 72 hours Poge 4 moy be retained by the hospital ar attending physicion.

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DISAW TACTEMENAN

FOR STATE HEALTH DEPT delay is in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page of 2 with the Stote Departmentions Within 72 hours after death This certificate should be executed within 24 hours after death. If 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as o buriol-tronsit permit. File pages 1 and Heolth or its designated agent, prior to burial, cremation, or removal, and in any ex necessary, please execute the certificate, writing the word "pending" TO DEPUTY MESTAL EXAMINER:

VR A15ME (5) 6M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0427	7		MEDIC	AL EXAM	INER'S	CERTIFICATE O	F DEA	ATH	0	427	9	
	CE OF DEATH	,					2. USUAL RESIDENCE (V	Where dece	eosed lived, if institu		nce before	e odmissi	ion)
		Washin				RYLAND	Mari	yland	t	Wa	shing		
b. C	ITY OR TOWN (I write RURAL ond	f outside corporate l give negrest town)		C	. LENGTH OF STAY		c. CITY OR TOWN (If ou	fside corpo	prote limits, write R	URAL ond gi	ve neorest	t town)	
		Magers	town		Life			ersto	own		21,	/	
d. N		AL OR INSTITUTION (street oddress)		d. STREET ADDRESS	4.				e. IS RESI ON A F	DENCE ARM?
		9 Homewood		ud			<u> </u>	-	newood Ro			YES	NO X
	EASED	111:	First Uiam		Middle		Lost	4. DATE	M	nth 1-	Doy		ear -
S. SEX	e or print)	6. COLOR OR RACE			Franci		Davis DATE OF BIRTH	DEAT	9. AGE (In years	n I IF UNDER	25 1 VEAD		67 R 24 HRS.
	male	White		RRIED 🔀	NEVER MARRI DIVORC		Dec. 31, 1904	4	lost birthday) 62 yrs.	Months	Doys	Hours	Min.
during r	most of working the Sheet	(Give kind of work d life, even if retired) Metal			of Business or		11. BIRTHPLACE (State Washingte	on Co	**		ITIZEN OF OUNTRY?		
13. FA	THER'S NAME	0.1	20				14. MOTHER'S MAIDEN N						
15 144	AC DECEACED DV		R.Dav		LAL SEGURITY NO	17.0	NFORMANT Ses	sie k	luffer Add				
		R IN U.S. ARMED FOR((If yes give wor or do		2)	IAL SECURITY NO. -09-6138		Goldie Davi		,,,,,,	ress	21 140	Mo	d.
Co		which gove e couse (o),		Cor	onary o		sion coronary	art	ery dis	ease	Si	erval be serand idde	DEATH N
las	st.)	(c) NS CONTRIBU	JTING TO D	DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CON	IDITION G	VEN IN PART 1(o)		1	WAS AUT PERFORM	
EN CA	OO. EXTERNAL CA RIMARY or COP AUSE OF DEATH.			20b. DESCR	IBE HOW INJURY	OCCURRED. (Enter noture of injury in f	Port I or P	art II of item 18.)				
MEDICAL 20	c. TIME OF INJU Hour o.n p.n		or 19	20d. INJUR While of work	Not While of work		E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(C	ounty)		(Stote)
SI	deoth result	y that I took cheed from: Na Oward N	orge of the turol cous	es K,	Accident [_	d on Autopsy, de, Hamicide	EXAMINER	Undetermined r	Nor	3/2 ther	in my /28/ 22. DATE on A	67 SIGNED
RI	URIAL, CREMATIO EMOVAL (Specify Burial)	03/2	THEREOF		23c. NAME OF CE Rest H			23d. Ha	LOCATION (City or T	own)	(County)	on.	Md.
	uneral directo	1 Juneral	Chan	asor	- ADDRESS	una Md	DAMAR			Clare			3

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04278 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND b. CITY OR IDWN (If autside carparate limits, c. LENGTH DF STAY IN 1b c. CITY OR TDWN (If outside carparate limits, write RURAL and give nearest town) 45 YRS. HAGERSTOWN d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? 335 S. CANNON AVENUE WASHINGTON COUNTY HOSPITAL NO A 3. NAME OF First Middle 4. DATE DECEASED DeFELICE 67 ALFREDO N.M.N. MARCH DEATH (Type or print) AGE (In years last birthday) S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF 8IRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED Haurs JUNE 29.1899 WHITE MALE WIDDWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) TURBINE TENDER 1Db. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? **INDUSTRY** ITALY CEMENT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH DeFELICE GIUANNA HAGERS TOWNAMENARY LAND 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknawn) (If yes give wor or dates of service 335 S. CANNON AVE. 213-10-6785 MRS. EVA DeFELICE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED 8Y: ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gave rise to immediate cause (o), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.)

this certificate hos been **DIRECTOR:** After O FUNERAL

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death

O HOSPITAL

VR A15 (4)

filled in

23a. BURIAL, CREMATION, BUREMOVAL (Specify)

24. FUNERAL DIRECTOR

22a. SIGNATURE

saw the deceased alive an

23b. DATE THEREOF
MARCH 13,1967

LAWRENCE

21. I certify that (1) (this haspital) attended the deceased fram

PACKER

23c. NAME OF CEMETERY OR CREMATORY
ROSE HILL CEMETERY
ADDRESS

JR. M.D.

2Sa. REC'D BY REGISTRAR

1962-ta

DIRECTOR

and that death accurred at 7:50PM, fram causes and an the date stated above.

23d. LOCATION (City or Town) (County) (State HAGERSTOWN, MARYLAND

WASHINGTON ST. HAGERSTOWN. MD.

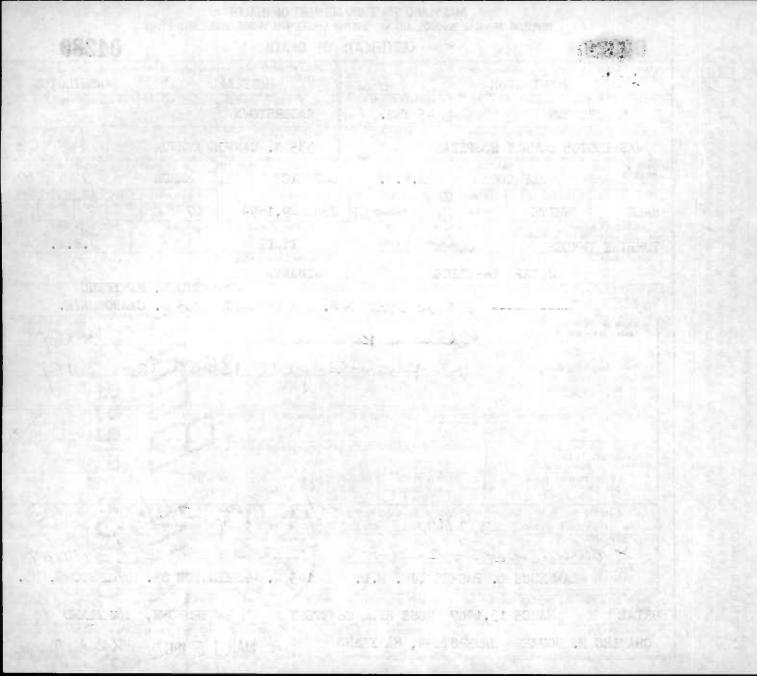
CHARLES M. ROUZER HAGERSTOWN, MARYLAND

ATTENDING PHYS.

22d. ADDRESS 145 W.

DATE MAR 1 5 1967

25b. REGISTRAR'S SIGNATURE 67 fclianles Judge



02970

CERTIFICATE OF DEATH

04281

046	13	CERTIFICATE	OI DEATH		02201	
	Washington	MARYLAND	a. STATE	Where deceased lived, if institute b. COI	Wash.	
b. CITY OR TOWN (I write RURAL and Hagers	f autside carparate limits, give nearest town) COWN	2 hours	c. CITY OR TOWN (If at	utside carparate limits, write R	URAL and give nearest to	own)
	AL OR INSTITUTION (If nat in haspi	ital, give street address)	d. STREET ADDRESS			IS RESIDENCE ON A FARM?
Washing	gton County F	Hospital	2231 J	offerson Bl	vd. yes	
3. NAME OF DECEASED (Type or print)	First John	Middle Calvi n	lost Deibert		March 18,	Year 19 67
S. SEX male	6. COLOR OR RACE 7. MARK	WEVER HOUSE	April 13,	9. AGE (In years last birthday) 65 yrs.	IF UNDER 1 YEAR II Manths Days	Haurs Mir
1Da, USUAL OCCUPATION during most of warking	(Give kind af wark done life, even if retired)	bb. KIND OF BUSINESS OR INDUSTRY URDITURE Mfg.	'	& Stote, or foreign country) wn, Md.	12. CITIZEN OF W COUNTRY?	HAT
13. FATHER'S NAME	and the second	Deibert	14. MOTHER'S MAIDEN		Burger	
1S. WAS DECEASED EVE (Yes, no, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates of service)		NFORMANT Hazel Ect	Add	own, Md.	
Canditians, if any, rise to immediate stating the under last.	e cause (a),	arteressel	iratic.	heart du	race	
No Alex	pertension	ING TO DEATH BUT NOT RELATED TO THE SECULIAR SECULIAR SECULIARY OCCURRED.	al		19. W PE YES	AS AUTOPSY REFORMED? NO 2
= (II EIIIIEK, NOTIF7	MEDICAL EXAMINER) IRY Month, Day, Year 21		E OF INJURY (Hame, farmory, street, affice bldg., etc.		(County)	(State)
21. I certif		ttended the deceased fram	death accurred at	9044 M, fram causes	s and an the date	(I) (we) I
220. SIGNATURE	Robert .	7 leader me		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED	96.
22c. PHYSICIAN'S NAME (Type)				own, Md. 217		
23a. BURIAL, CREMATIO	3-21-67	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or I	, Md.	(State)
24. FUNERAL DIRECTO	Funeral Hom	ne, Hagerstown	, Md . 2Sa. REC	DAY REGISTRAR 25b.	REGISTRAR'S SIGNATURE	usge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician end completely filled in by they director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and men'y givent, within 72 hours at Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04282

04280

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
o. COUNTY Washington MARYLAND	O. STATE CANALA b. COUNTY From KI
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)
white RURAL and give neorest town)	
Hergerstown 3 Days	Greencasto, Pg. 75-3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Barlock Mem. Conv. Hospital	36 W. Balto, St YES NO W
3. NAME OF DECEASED (Type or print) MARTHA F. Middle DET	RICH 4. DATE OF DEATH 3/19/1967 19
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
F WIDOWED DIVORCED	7/5/1868 9 dost birthday) Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11/B)RTHPLACE (County & State, or foreign county) 12. CITIZEN OF WHAT
durind most of working life, even if retired) INDUSTROME.	Franklin Co. 19 POINTRY? A
13. EATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel S. Hollinger	Elizabeth FUNK,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
(Yes, no,)r µaknown) (If yes give wor or dates of service)	ary E. Vetrich - Greencasto, Ja
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Arterioso	elerosis Several years
4221 DUE TO	TETUSIS DEVETATIVEATS
C. Dr. of the	
rise to immediate cause (a) Arterioscierotic	Cardio Vascular Disease.
stoting the underlying couse DUE TO	
lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. TIME OF INJURY Month, Day, Yeor Hour o.m. 109. While Not While foctor	YES NO PA
200. ACCIDENT WAS UNDERLYING \(\text{1} \) 20b. DESCRIBE HOW INJURY OCCURRED. (6	Enter noture of injury in Port I or Port II of item 18.)
GR CONTRIBUTING □ CAUSE OF DEATH	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	COLUMN TO THE TOTAL TOTA
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE While Not While foctor	E OF INJURY (Home, form, ry, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
p.m. 19 of work of work	ry, sheet, office diag., etc.)
21. I certify that (I) (this haspital) attended the deceased from	3-17- , 19 67, ta 3-10- , 1967, that (I) (we) last
saw the deceased alive on 2-10- 19.67, and that	death accurred at 57.10 pM, from causes and an the date stated abave.
220. SIGNATURE	22b. DATE SIGNED
S THE M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 3-20-67
22c. PHYSICIAN'S	22d. ADDRESS
	Washington St., Hagerstown, Md.
230. BURIAL (REMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CO	
2/1/6/ War	tell Special of
24. FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
A Mymuel Steament	to 11 MAD 2 2 1967 Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove-corbon papers. Pages 1 and should be filed with the State Dept. of Health prior ta buriol, cremotion, or removal, and in any event, within 72 hours offer geat Page 4 moy be retained by the hospital or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI HEALTH DEAT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
o. STATE MARYLAND b. COUNTY WASHINGTON PLACE OF DEATH 2, and 3 to PM3. Page o. COUNTY WASHINGTON MARYLAND of the State Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL ond give neorest town)

HAGERSTOWN WHACERSTOWN LIFE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 4 shauld be forworded to the Chief Medical Examiner's Office along with form 1212 W. WASHINGTON ST. WASHINGTON COUNTY HOSPITAL in Item 18. Give Pages NO X be executed within 24 hours after death. 3 NAME OF Middle First 4. DATE MARCH DETZ 67 DECEASED M. LILLIAN (Type or print) DEATH 9. AGE (In years lost & day) S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED burial-tronsit permit. File pages 1 and 2 with 7/5/1880 Hours WHITE MALE WIDOWED DIVORCED 11. BIRTHPLACE (State or fareign country) 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTY 2. S . A . during most of working life even if retired)
HOUSEW IFE INDUHOME MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME in pencil SARAH JOHNSON CLAGGETT W. RANDALL Addres HAGERS TOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 214-09-9358A MR. HARRY C. RANDALL MD. event within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) This certificate should writing the word DUE TO 5 days any Conditions, if ony, which gove rise to immediate couse (a), ... DUE TO 0 stating the underlying couse ond 3 should be used WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removal, CERTIFICATION terio solerosis NO Z 20g. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) PRIMARY Or CONTRIBUTING cremation, or Fell when getting into MEDICAL EXAMINER: bod 2+ Home. CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (County) State) Not While foctory, street, office bldg., etc.) moy be retoined for yaur FUNERAL DIRECTOR: Page p.m. 10-30 1966 Hayers Youn Wash Md Page pleose execute ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection 4 Inquiry 4 and in my opinion Natural causes death resulted fram: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED the funeral 3-11-67 Health NAME (Type) Address (Street, ally town, or county) 23d. LOCATION (City or Town) (Stote) (County) ROSE HILL CEM. HAGERSTOWN MD. WASH. PCLISTER'S VR A15ME (5)

TOTAL THEAT STUDY WINE AND STAY The state of the s CLAUGHET MY TENDALID म्हार स्थापन विकास के स्थापन के स्थापन के सम्बद्धित के सम्बद्धित के सम्बद्धित के स्थापन के स्थापन के स्थापन के EAST- Conduction of the Conduc THE STORY BUILD START STORY OF THE START STORY TO YEAR START SEE THE PROPERTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

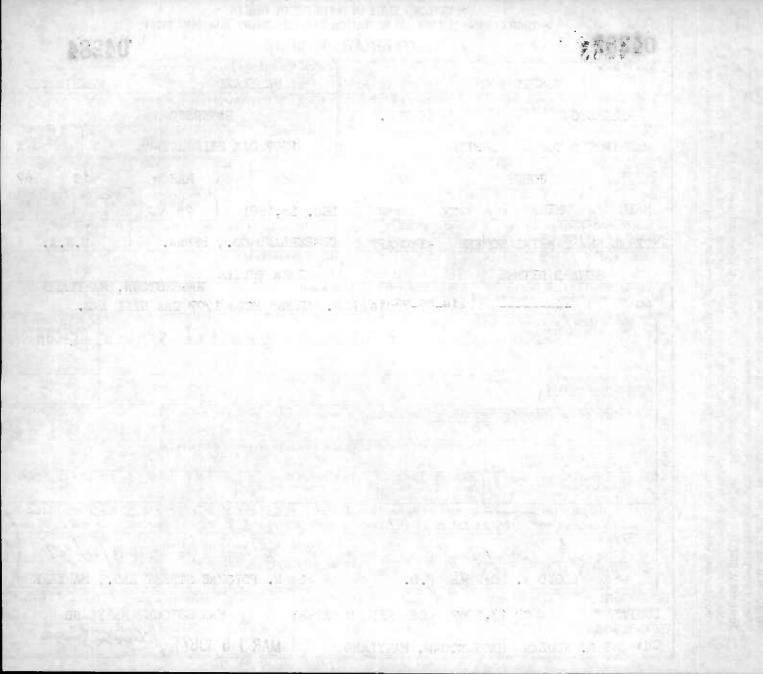
CERTIFICATE OF DEATH

NACON

					02003	
1. PLACE OF DEATH				Where deceosed lived, if institutio		e odmission)
o. COUNTY	WASHINGTON	MARYLAND	o. STATE MARY	LAND b. COUNT	WASH	INGTON
b. CITY OR TOWN (If outs	side corporote limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporote limits, write RURA	L ond give neores	t town)
write RUPAL and give	negrest town)	65 YRS.		HAGERSTOWN	2	1-1
d. NAME OF HOSPITAL OR	INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE
WASHINGTON	COUNTY HOSPIT	AL	1707 0	AK HILL AVENUE		ON A FARM?
3. NAME OF	First	Middle	Lost	4. DATE Month	Day	Year
DECEASED (Type or print)	JOHN	CARL	DITMER	OF MARCH	10	19 67
	OLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Days	IF UNDER 24 HRS. Haurs Min.
MALE	WHITE WIDOWED	XIX DIVORCED	DEC. 13,189	1 75 yrs.	molitis Days	nuurs Mill.
Oo. USUAL OCCUPATION (Give	kind of work done 10b.	(IND OF BUSINESS OR NDUSTRY		& Stote, or foreign country)	12. CITIZEN OF	WHAT
lucing most of working life, ex RETIRED SHEE	T METAL WORKER	AIRCRAFT	CUMBERLAND	CO., PENNA.	COUNTRY?	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		_
	RD DITMER		EMMA KU	NKLE		
15. WAS DECEASED EVER IN U.	anium uuma ma dostan of comuico)		INFORMANT	HAGERSHO		LAND
WO	s give wor or dates of service)	14-09-7381A MF	RS. WILMER M	OSS 1707 OAK H	ILL AVE.	
18. CAUSE OF DEATH ((Enter only one couse per line fo	r (o), (b), ond (c).)		2 1		ERVAL BETWEEN
PART I. DEATH WA	IMMEDIATE CAUSE (o)	ercino me	- 10x · fi	-ontal SIN	US	SET AND DEATH
1607	DUE TO)			
Conditions, if ony, which						
rise to immediate courstoring the underlying						
lost.	(c)					
PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19.	WAS AUTOPSY PERFORMED?
Alfo					Y	ES NO
20a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 20c. TIME OF INJURY M Hour o.m.		ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Part II of item 18.)		
OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDIC	JSE OF DEATH AL EXAMINER)					
20c. TIME OF INJURY M			CE OF INJURY (Home, form		(County)	(Stote)
Hour o.m.	19 While	e Not While for	tory, street, office bldg., etc.	61 1 1 2 3 3 3 3 3 3 3 3		
21. I certify the	at (I) (this hospital) atter	ided the deceased fram F	-eb- ,1	955, to Mar 10	_, 1967, th	at (I) (wa) la
saw the deceas	sed alive an Mer- 10	1967, and tha	it death accurred at	6 P M, fram causes a	nd an the date	e stated abav
220. SIGNATURE	1	,/	ATTENDING [32]	MED. STAFF	22b. DATE SIGN	ED
Close	1 a. 16	Mran M.	D. PHYS. LX	DIRECTOR PHYS.	3/11/	67
22c. PHYSICIAN'S NAME (Type)	LOYD A. HOFFMA	N D	22d. ADDRESS	MATERIA DAMOROS	TIAC MA	DVIAND
				OTOMAC STREET		RILAND
230. BURIAL, CREMATION, BURIAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town		, ,
	MARCH 13,196			HAGERSTOWN	MARYLAN	
24. FUNERAL DIRECTOR		ADDRESS			STRAR'S SIGNATUR	esse
CHARLES M. 1	ROUZER HAGERS	TOWN, MARYLAND	DMAR	1 5 1967	-	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the huneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, or removal, and in ony event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft Poge 4 may be retoined by the haspital or attending physicion.

VR A15 (4) 25M 1/67



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs often

	DIVISION				N STREET, BALTIMO		YLAND 21201			
0428			CERTIF	CATE	OF DEATH			042	85	
	ASHINGTON		MARY		2. USUAL RESIDENCE (V a. STATE MARYLANI		b. COU	NTY WAS	HINGTO	V
write RURAL on HAGERS		1911/0	c. LENGTH OF STAY II	N Ib	c. CITY OR TOWN (If our HAGERSTOV		ate limits, write RU	RAL and give	21-1	SIDENCE
d. NAME OF HOSPII	N COUNTY HC		ve street address)		d. STREET ADDRESS 61 NORT	TH AVI	ENUE		YES [NO X
3. NAME OF DECEASED (Type ar print)	6.443	RY	Middle GRACE		Last DOWNIN	4. DATE OF DEATH		H	20	Year 19 6 7
S. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED			SEPT. 9 18	79	9. AGE (In years last birthday) yrs.	Manths Manths	Days Hau	
during mast af warking	N (Give kind af wark dane life, even if retired) "EACHER	INI	ID OF BUSINESS OR DUSTRY DUCATION		11. BIRTHPLACE (County 8 WASHINGT)	M, NC			IZEN OF WHAT UNTRY? U.S.A.	
13. FATHER'S NAME	GEORGE BO	RYER			14. MOTHER'S MAIDEN N		GARMAN			
1S. WAS DECEASED EV (Yes, no, or unknown) NO	ER IN U.S. ARMED FORCES? (If yes give wor ar dates o	f service)	OCIAL SECURITY NO.		RGARET B GA	INES	Addr LAGUNA H		ALIF.	
	EATH (Enter anly ane cau TH WAS CAUSED BY: IMMEDIATE CAUSE	0	(a), (b), and (c).)	TH	rombos	13			INTERVAL ONSET AN	D DEATH
Conditions, if any			Yocard	iel	Infor	ct 10	~		16 8	242
stating the under			rterios	cler	0515-80	2~	•		yrs	*
PART II. OTHER S	ignificant conditions <u>c</u>	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CON	IDITION GIV	EN IN PART 1(a)		19. WAS A PERFO YES	NO
(IE FITHER NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (Enter nature of injury in I	Part I ar Pa	rt II af item 18.)			
된 Haur a.	URY Manth, Day, Year m. m. 19	20d. IN While at work	JURY OCCURRED Nat While at wark		E OF INJURY (Hame, farm ary, street, office bldg., etc.)		(City ar tawn)	(Cai	unty)	(State)
21. I cert	ify that (I) (t his hos leceased alive on	pital) attend Nov - 2 0	ed the deceased	fram and that	death accurred at	939 11:45 A 1	ta May M, fram causes	20, 196 and an th	ne date sta) (we) las ted abave

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24. FUNERAL DIRECTOR CHARLES M ROUZER

PHYSICIAN'S NAME (Type)

ADDRESS HAGERSTOWN MARYLAND

HOFFMAN

23b. DATE THEREOF

67

M.D.

ROSE HILL

2Sa. REC'D BY REGISTRAR

ATTENDING PHYS.

22d. ADDRESS

M.D.

CEMETERY

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City ar Tawn) (Caunty) (State) MD. WASHINGTON

196

MED. DIRECTOR

POTOMAC

ST.

HAGERSTOWN

2Sb. REGISTRAR'S SIGNATURE

HAGERSTOWN

4. death.

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VR AI5 5 (4) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 04284 CERTIFICATE OF DEATH

	02.000	
1. PLACE OF DEATH a. COUNTY Washington Hage mattered.	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before at b. COUNTY Washington	imission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares	st town)
Hagerstown 8 Weeks	RFD2, Smithburg Md. 21-1	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS e. IS RES	IDENCE
Washington Co. Hospital	ON A F	NOX
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Yea	ar
(Type or print) Agnes Virginia		67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF RIPTH 19 ACE (In years IFIINDED YEAR IFIINDED	R 24 HRS.
Female White WIDOWED DIVORCED	March 6.1905 62 yrs. Months Days Hours	Min.
	March 6, 1905 62 yrs.	
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY	COUNTRY?	
Housewife	Washington Maryland USA	
13. FAITHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Ira Grove	Anna Barbara Renner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFDRMANT Address	
	ames T. Draper Sr. RFD2. Smithbu	22.00
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), 1	INTERVAL BE	
PART I. DEATH WAS CAUSED BY: Pulmonary Emboli	ONSET AND I	DEATH
IMMEDIATE CAUSE (a) L difficulty LiftDoil	is, Massive 10 mir	uces
conditions. If any, which \ Thrombosis of Fem	oral and iliav veins 2 days	2
Conditions, If any, which gave rise to immediate (b)	orar and mad venis 2 days	
DUE TO		
	rhage (intracerebral) with hemiplegia 5	wee.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU	
Hypertension, Diabetes Mellitus	PERFOR YES 2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL Hypertension, Diabetes Mellitus 20a. Accident was underlying or contributing of cause of death (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PL		State)
Hour a.m. While - Not While - fact	ory, street, office bldg., etc.)	
	Fob 76 67 Wessels 30 67	
Li. I out any tride to terms mospitally detailed inc decedated month	Feb 26 , 19 67, to March 29, 19 67, that (I) (v	ve) last
Salt the accepted different	at death occurred at $10:05$ M. Wem the causes and on the date stated	above.
22a. SIGNATURE	ATTENDING MED. STAFF 75 1 20 1	
	D. ATTENDING X MED. STAFF PHYS. March 30, 1	.967_
1 / NAME (Type) Archie Robert Cohen M.D.	1 22d. ADDRESS	
(NAME (Type) Archie Robert Cohen, M.D.	Clear Spring, Maryland 21722	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (St	ate)
REMOVAL (Specify) Burial April 1, 67 St. Paul (emetery Clear Santon	
24 FUNERAL DIRECTOR ADDRESS	Jemetery Clear Spring Many lar	1d-
Conside Thompson Clear SI		
- Ovasov - Many son real of	oring, MAR 5 1967 Icharles Judge	

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2		04285			CERTIFICATE	OF D	EATH			0428	7	
Tag		LACE OF DEATH					RESIDENCE (Whe	re deceased liv			fore admission)
permit. Then please remove arban papers. Pages I and an, ar remaval, and in any event within 72 haurs after aco		COUNTY	nington		MARYLAND	o. STATI	vland		b. COUN		ington	1
2 to	b	CITY OR TOWN	nington If autside carparate limits	c. LENGTI	OF STAY IN 1b	c. CITY OR	TOWN (If autsid	le carparate lir	nits, write RUF			
Pag Nr S		write RURAL an	d give nearest town)		d 7/	D	1 01	C		7/12	21-1	
	d	NAME OF HOSPI	TAL OR INSTITUTION (If no	pring Md	8 Yrs	d. STREET	ADDRESS	ear. 2	pring	, Md.	e. IS RESIDE	NCE
00						D.,	ral Cl	ear S		Md.	ON A FAR	M?
1	3 N	AME OF	L Clear Sr	oring, Md.	Middle	las		DATE	Mont		av Year	
	D	ECEASED Ype or print)				227		OF	Mar.	5	-	57
1	5. 5		Ignatious 6. COLOR OR RACE			B. DATE OF E	RIRTH		E (In years	IF UNDER 1 YEA		
				WIDOWED	DIVORCED			las	t birthday)	Months Day	s Haurs	Min.
		Male	White N (Give kind af wark dane	10b. KIND OF BUS		UCT.	7, 1891 PLACE (County & S	tate ar foreign	5 yrs.	12. CITIZEN	OF WHAT	
	durir	g most of warking	life, even if retired)	INDUSTRY						COUNTR	Y?	
		Farmer FATHER'S NAME	^	Farmin	g	Fra	nklin ER'S MAIDEN NAM	Co. P.	a	U.S.	.A.	
	13.											
	16		in Luther		IDITY NO. 17 I	NFORMANT	len Br	itton	Addre			
	Yes	, na, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war ar dates o	f service) 16. SOCIAL SECU							80 m	
		No	None	219-01	-8219 N	Irs A	nnie D	rury	Clea	r Spri		
		IB. CAUSE OF D	EATH (Enter anly one cau	se per line for (a), (b), or	nd (c).)	.11	1	6	6.		INTERVAL BETW ONSET AND DE	EEN ATH.
		100	IMMEDIATE CAUSE	(a) VV140	cond	181	Lu	More	10	a	10a	1:4
		4201	DUE			_		1			100	-
		Canditians, if on rise ta immedia	te couse (a)	(b) Thre	Ve X	100	1081	>		- /	ay.	
		stoting the unde										
		last.	,	(c)							19. WAS AUTOF)CV
2	NO	PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	OT NOT RELATED TO	THE TERMINA	IL DISEASE CONDIT	HON GIVEN IN	PARI I(a)		PERFORMED)?
7	S.		Ne	one							YES N	0 🗌
	RTIFI	20a. ACCIDENT WA	S UNDERLYING C	20b. DESCRIBE HOV	V INJURY OCCURRED.	(Enter nature	e af injury in Part	t I or Port II a	f item 1B.)			
	E	(IF EITHER, NOTIF	MEDICAL EXAMINER)		>							
	MEDICAL CERTIFICATION	20c. TIME OF IN.	URY Manth, Day, Year	20d. INJURY OCCL	IRRED 20e PLA		Y-(Home, farm, ffice bldg., etc.)	20f. (Cit	y ar town)	(County)	(St	tate)
	W	p.	m. 19	While Not	wark 🔲					6.5		
		21. 1 cert	ify that (1) this has	nital) attended the	deceased from	1/ -6	2, 194	24, ta=	1-6	196/,	that (I) w	re) last
		saw the c	leceased alive an_c	2-20 1	9_67, and tha	t death a	ccurred at/C	1, 3CM, fr	am causes	and an the d	ate stated	abave.
		22a. SIGNATURE	many			ATTEND	ING ME	D	STAFF PHYS.	22b. DATE S		7
20-			111/11/11	MAST	M.I	D. PHYS.	DII LAI	RECTOR L	PHYS.	March	6, 196) (
1		22c. PHYSICIAN NAME (Type	Dr. M. E.	Byrkit, M.	D.	28	W Potom	ac St.	Willi:	am snort.	Maryl	and
1							200011					
1	23a.	BURIAL, CREMATI REMOVAL (Specif	ON, 23b. DATE TH		ME OF CEMETERY OR				ON (City or To	,		,
R		REMOVAL (Specif		57 Pine	shurg Me	ennon	ite	Clear	Spri	ng.	Md.	4
12	24.	FUNERAL DIRECT	2	4	DUKESS	7.5.2	AAR 1	1967	oche	GISTRAR'S SIGNA	HE	
	11	127-9	St 1/ 1	() [:] ()	ים מו דיומור.	WIC .	42 44 Willer		17-	- 01	//	

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TO HOSPITAL PAGE 4 TO FUNDERAL I CTOR: After this certificate has been signed by the attending physician. Then please or enabled by the hospital or attending physician. Then please remove carbon pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

ND N

SION OF STATISTICAL I	RESEARCH AND RECORD	S, 301 W. PREST	ON STREET,	BALTIMORE 1,	MARYLA
286	CERTIFICA	TE OF DEAT	H		04288

U360U			0.32	700
1. PLACE OF DEATH a. COUNTY			(Where deceased lived, If institution: Re	sidence before admission)
11/1/1	200000000000000000000000000000000000000	a. STATE D.	b. COUNTY	41
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	CITY OF TOWN IN	utside corporate limits, write RURAL and	suklin
write RURAL and give neerest town)	c. LENGTH OF STAT IN IB	E. CITT OR TOWN (IF 8)	iside corporate timits, write RORAL and	give nearest town)
Rural Hagers town	180216	Russal	Chambersbu	VE 7.5- 3
d. NAME OF HOSPITAL OR INSTITUTION (if not it	in hospitel, give street eddress)	d. STREET ADDRESS	CHAMPATAR	. IS RESIDENCE
1 1 11	201			YES NO
3. NAME OF First	Middle	Last 4.	. DATE Month	Day Year
(Type or print) Newto	n I Est	iel men	OF DEATH	8 1967
5. SEX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
14/	OWED DIVORCED	July 27, 190	last birthday) Months D	Days Hours Min.
	Ob. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County &	& State, or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
dona during most of working life, even if retired)	7- /:	= 111: X	D	2 (/)
Ketuse Collector	/ Yucking	Franklin Co,	(0.) S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
1888c G. Es	helman	Mary	Woltord	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgive war or detes of service)		NFORMANT /	Address	
No.	195-28-0445 19x	Della R Est.	elman Al Chambe	rsburg P.
18. CAUSE OF DEATH [Enter only one ceuse		Dallo II. la sue	man	I INTERVAL BETWEEN
Diagram and an income and an income and		and back		ONSET AND DEATH
IMMEDIATE CAUSE (a)	terebral Thi	-ombosis		6 WKs.
332X DUE TO			, . ,	
Conditions, if any, which \ (b)	Arteriosclero	794912 - 2121	2/1200	14r. + .
gave rise to immediate cause	1 0 07 10 00 10 10			
(a), stating the underlying DUE TO			Maria Carlo	THE PART OF THE PA
cause fast. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	
NATION OF THE PROPERTY OF THE				PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED	/Enter nature of injury in Dust	t as Post II of item 10 \	The Paris of San
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH OF ITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Fart	TOT PART IT OF ITEM 10.)	
Z 20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, '	20f. (City or town) (Coun	ity) (State)
		ory, street, office bldg., etc.)		(0.0.0)
₩ p.m. 19	at work at work			
21. I certify that (I) (this hospital) a	attended the deceased from	Feb. 19 19	67 to 3-8 196	7. that (I) (we) last
		death occured at.12	M from the causes and on the	
22a. SIGNATURE	, 11	ATTENDING _ MED	STAFF	1 1 22b. DATE SIGNED
Work a.	Lollyran M	D. ATTENDING MED	CTOR PHYS.	111/6/
22c. PHYSICIAN'S	//. /	22d. ADDRESS		, ,
NAME (Type) Lloyd A-	HOFFMan	214 N- PDT	tomec st. Hagers	toun, me
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 2	23d. LOCATION (City, town or county) (Stata)
REMOVAL (Specify)	F.H. 1 HC	hopel Cometery	Farm VI.	7
Baria 10/1/67	Teltexholt C	VODEL CAMELLAN	- You Klu	ENN'S TIPE
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	MAR T	1967 Tollander	udes
Kobert K. Backer	Chambershurs	PalDATE		01
1	~			

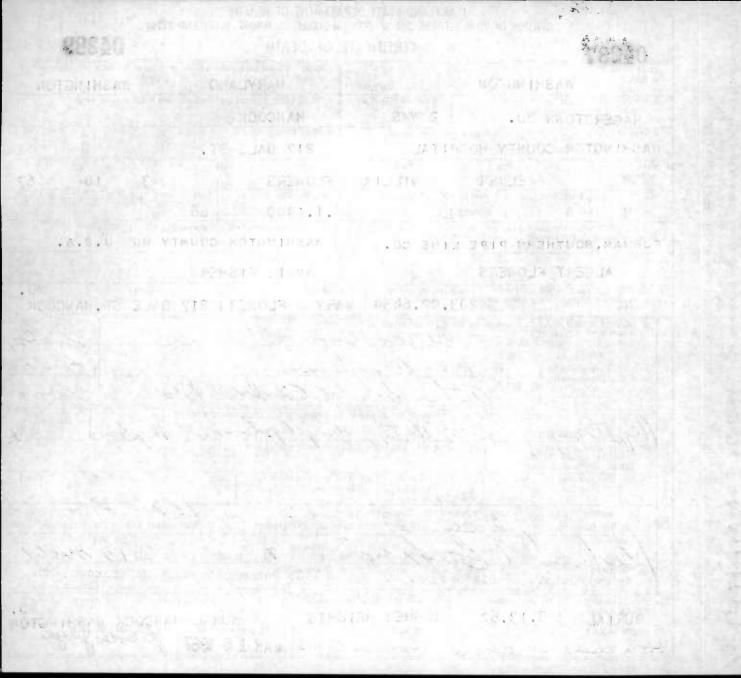
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04287		CERTIFICATE	OF DEATH		046	29
1. PLACE OF DEATH a. COUNTY	WAGILLNOTON		a STATE	Where deceased lived, if i	nstitution: Residence b	efare admission)
	WASHINGTON	MARYLAND		YLAND "	COUNTYWASHI	NGTON
b. CITY OR TOWN (If o	outside carporote limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside carparate limits, wr	ite RURAL and give ne	arest tawn)
write RURAL and a	TOWN MD.	2 WKS	HANCO	CK	21	-/
	OR INSTITUTION (If nat in haspital,	give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
WASHINGTO	ON COUNTY HOSE	PITAL	217 DAI	LE ST.		YES NO NO
3. NAME OF	First	Middle	Last	4. DATE	Manth	Day Year
DECEASED (Type or print)	ELMER	WILLIAM	FLOWERS	OF DEATH	3 10	19 67
	5. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye		
M	W WIDOWED		6.1.1900	66 birtho	lay) Manths Do	iys Hours Min.
100. USUAL OCCUPATION (C		IND OF BUSINESS OR	11. BIRTHPLACE (County	& State, ar fareign country		N OF WHAT
during most of working life	OUTHERN PIPE	LINE CO.	WASHING	TON COUNTY	MD U.	BY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
ALBI	ERT FLOWERS		ANNIE	FISHER		
1S. WAS DECEASED EVER I	IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	MD.
(Yes, na, a yanknown) (I	f yes give war or dates af service	3.07.6454 M	ARY M FLO	WERS 217 0	DALE ST.	HANCOCK
	TH (Enter anly one cause per line far		-			INTERVAL BETWEEN
	WAS CAUSED BY:	allen	in			ONSET AND DEATH
442X	IMMEDIATE CAUSE (a)	1	0 .			
Canditians, if any, w	///	enlers	lers			gy,
rise ta immediate	cause (a),	11:1-	4.0	1. 0.		
stating the underly	(c)	terner	er card	w. Wes		for ,
PART II OTHER SIGN	VIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NOUTION GIVEN IN PART	I(a)	19. WAS AUTOPSY
Ellerit	many Br	meliti.	rushn	hum. ?	Malone	PERFORMED?
20a. ACCIDENT WAS U	INDERWING TO 1 20h DI	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item	18.)	9
OR CONTRIBUTING	CAUSE OF DEATH	ESCRIBE TION HISORY GEOGRAPS	(=		,	
20c. TIME OF INJUR		NJURY OCCURRED 20e. PL/	ACE OF INJURY (Hame, far	m. 20f. (City or to	wn) (County	(State)
20c. TIME OF INJUR Hour a.m.	While	Not While fac	tary, street, affice bldg., etc			,
p.m.	19 at war		77311	10 + //	Man 1de 7	that (1) (a) la
	that (I) (this haspital) atten	ded the deceased fram_a	at death accurred a	19 ta la	uses and an the	, that (i) (we) la
220. SIGNATURE	eased alive an 10 Mm	19 0 , und mic	il dedili decorred d	I INI, IIUIII CU	22b. DATE	
229. SIGNATURE	11/1/5	and will	.D. PHYS.	MED. STAFF	n 12.	mn 67
22c PHYSICIANS	WS (0)	77				
NAME (Type)	Richard T. Binfo	rd, M. D.	1135 Pot	omac Avenue	Hagersto	owii, Mu.
23a. BURIAL, CREMATION	. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City	y or Town) (Co	unity) (State)
REMOVAL (Specify)	3.13.67		GHTS			unty) (State)
24. FUNERAL DIRECTOR	1 7.17.07	* ADDRESS		D BY REGISTRAR	NCOCK WA	SHI NGTO
A I. CUITEINTE DINECTOR			-1			LI AA ALASE .

to FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or remayal, and in physicant, within 72 haurs offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter de Poge 4 moy be retained by the hospitol ar ottending physicion.



HEALTH DEPT.

any delay is

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, ond 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be used os a burial-tronsit permit. File poges 1 and 2 with the State Department of

VR A 15ME (5)

Heolth prior to burial, cremotion, or removol, and in any event within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

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04200

	03506	,	MED	ICAL EXAMINE	K 2 CEKIIFIC	AIE UF	DEATH		ひせんさ	U	
1.		ASHINGTO		MARYLA	a. STATE	MARY		ved, if institu b. CDU	MITM	befare admis HINGT	,
		autside corparate limit	ts,	c. LENGTH DE STAY IN		DWN (If autsid			JRAL and give	neorest tawn)	
	HAGER	give negresi town) STOWN		1 DAY	W	VILLIA	MS POR	\mathbf{T}		21-1	
, [d. NAME DE HDSPITA	L DR INSTITUTION (If n	at in haspital,	give street address)	d. STREET AL	DDRESS				e. IS RE	SIDENCE FARM?
	WASHING	TON COUN!	TY HOS	SPITAL	31	E. C	HURCH	ST.		YES [ND X
. 3.	NAME OF	Ei	irst	Middle	Lost	4	DATE	Mon	ith	Day	Year
1	(Type or print)	EUGE	NIA	MAR IE	GLADHI	ILL	OF DEATH	MAR	CH	16	9 67
S	SEX	6. CDLDR DR RACE	7. MARRIED	NEVER MARRIED	B. DATE DE BIS	RTH	9. AGI	(In years birthday)	IE UNDER 1 Manths	YEAR IF UND Days Hour	DER 24 HRS. s Min.
1	FEMALE	WHITE	WIDDWED	DIVDRCED	□ 12/3	/1963	103	3 yrs.	Monnis	Days 11001.	3 14(11).
	a. USUAL DCCUPATIDN (ring most of working li	Give kind of work done te, even if retired)		IND DE BUSINESS DR IDUSTRY		LACE (State or)	12. CITIZ	EN DE WHAT	
13	EATHER'S NAME					'S MAIDEN NAM		Y.,			
	ROLL	AND E. G	LADHTI	L	PAT	RICA	MEADE				
15	. WAS DECEASED EVER	IN U.S. ARMED FDRCES?	16.	SDCIAL SECURITY ND.	17. INFORMANT			Addr	essWILI	IAMSF	PORT
(4	es, na, ar unknawn) (If yes give war ar dates	at service)	NONE	MRS. PA	TRICA	M. G			MD.	
TION	Canditians, if any, rise to immediate stating the underlast.	which gave cause (a), ying cause	(b) Pari	etal With ial Hemorrh ID DEATH BUT NOT RELAT	Brain Lac	ceratio	n & In	tra-		19. WAS AL	UTDPSY
MEDICAL CERTIFICATION	3:05 p.m.	RY Month, Day, Year	Pas 20d. II		ar which w	ras in Home, form,	head o	n coll	(Caun	ty)	(State)
	death resulte	_	al causes [Accident ,	Suicide [], CHIE	DSY, Hamicide EE MEDICAL EXA ISTANT MEDICAL UTY MEDICAL E	, Undet AMINER LEXAMINER	ermined m	nanner -17-67		y opinior Te signed
22	EXAMINER'S NAME (Type) Dr			r. I 23c. NAME DE CEMETE	Add	Iress (Street, cit	y, tawn, ar ca	unty) Has	gerstow		(Charles)
23	RBUR FAIT		8/67		AWN MEM.	GARD	ENS		RSTOWN	11	(State)
						O'ZZZZ CZZ	232110	THEGIT	COTONY	1,117	

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MARKET OF CHARTE HOSTITLE - 34 E. CHURCH ST.

MARKET TALLE GLABETUR LINE MINOR AT MARKET

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	MARYLAND STATE DEPARTMENT OF HEAL	TH
DIVISION OF STATISTICA	L RESEARCH AND RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLAND
04289	CERTIFICATE OF DEATH	0/201

03003	
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Washington	a. STATE Pennsylvania b. COUNTY Franklin
IWAR TLAND	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
Hagerstown 3 months	Waynesboro 75-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Garlock Nursing Home	30 Cottage Street, ON A FARM? YES □ NO ☒
3. NAME DF First Middle DECEASED (Type or print) WILLIAM EDWARD C	GROSSNICKLE OF March 10, 19 67
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Jan. 1, 1877 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months Days Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Detring most of working life, even if retired) INDUSTRY	COUNTRY?
Retired Machinist Landis Tool Co	1100011011001100
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leonard Grossnickle	Mary Renner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17.	INFORMANT Addressetteville,
(Yes, no, or unkown) (If yes give war or dates of service)	nneth Grossnickle, Pennsylvania.
	inte di di Obbili chi e, i ciniby i vanta.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	meunion ca 5 days.
11500	J. Grand
DUE TO	1
Conditions, If any, which gave rise to Immediate (b) Alvin Cull An	terio schereri, generalizal 25 ys
underlying cause last. (a) + Atateria Sela	eroxii heart Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	
Prostote hypertrophy, Beni)n	PERFORMED? YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While at work at work factor	ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	3-4-1967, to $3-10-1967$, that (1) (we) last
	at death occurred at 1.2 25M, from the causes and on the date stated above.
229. SIGNATURE	22b. DATE SIGNED
	ATTENDING MED STAFE
chial WATTO 111, M.	
22c. PHYSICIAN'S NAME (Type) ELWO - W. D. HO W. P.	217 Willashingtonst Hagerstown,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 3/12/67 Lutheran C	
24. FUNERAL DIRECTOR ADDRESS	252. REG'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
Gladhill Company, Middletown, Mar;	yland MAR 1 3 1967 Junes ym

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tempore carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death.

VR AI5 (4) 20M 1/65

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A CONTRACT OF SAME WAS ASSESSED. TO SELECT THE PROPERTY OF THE PARTY O

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03230		CERTIFICATE	OF DEATH		04292		
	PLACE OF DEATH			2. USUAL RESIDENCE (V		tion: Residence before odmissi	ion)	
1	Washington		MARYLAND	ngton				
T	b. CITY OR TOWN (If outside corpore write_RURAL and give nearest to	te limits,	c. LENGTH OF STAY IN 1b	Maryla:	tside corporate limits, write RU			
1	Hagerstown	wiij	5 /Weeks	H	agerstown	21,1		
	do NAME OF HOSPITAL OR INSTITUTIO	N (If not in hospitol,	give street oddress)	d. STREET ADDRESS		e. IS RESII ON A F	DENCE	
	Washington C	ounty Ho	spital	17	Public Squ	are YES	NO X	
1	B. NAME OF DECEASED (Type or print) BERTHA	First LORRA	Middle INE GUESS	last FORD	4. DATE Mor OF DEATH March		ar	
ŀ	S. SEX 6. COLOR OR R			B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER		
l	Female Whit	e WIDOWED	DIVORCED J	any 10 19	02 65 birthdoy)	Months Doys Hours	Min.	
	00. USUAL OCCUPATION (Give kind of wo during most of werking life, even if retired	rk done 10b. KI	ND OF BUSINESS OR BUSINESS OR CO		& Stote, or foreign country) burg W. Va.	12. CITIZEN OF WHAT COUNTRY?		
ľ	13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME			
ı	Leonid	las Roane		Bessie (No Record)			
	S. WAS DECEASED EVER IN U.S. ARMED F (Yes, no, or unknown) (If yes give wor o NO	ORCES? r dotes of service) 214-	4-09-9180	MFORMANT mes R. Mi	Addi ddlekauff 2	10 Hagesr S	t	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), DUE TO DUE TO DUE TO DUE TO							
	stoting the underlying couse start.	(1) Cer	terio peleiso	is, devale	left	grace	2-	
2	PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS AUTO PERFORM	AED?	
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH	SCRIBE HOW INJURY OCCURRED.	Enter nature of injury in	Part I or Port II of item 18.)	YES	NO 4	
	20c. TIME OF INJURY Month, Day, Haur o.m. p.m.	Yeor 20d. II While of wor	Not While of work	CE OF INJURY (Home, farm ory, street, affice bldg., etc.)			(Stote)	
	21. I certify that (1) (the saw the deceased alive	is haspital) attendan 3/2	ded the deceased fram <u>\$</u> 19 <u>6 2</u> , and that	death accurred at	967 to 3/26 6 45/M, from causes	and an the date stated	we) la d abav	
	1) Colony	eneingo	M.C		MED. STAFF DIRECTOR RHYS.	22b. DATE SIGNED		
1	PHYSICIAN'S CONT	getten	nings	22d. ADDRESS 3	restown	emac ST.		
	DELLOSIAL CO. IC.	28/67	Rose Hill		23d. LOCATION (City or To Hagerstow	own) (County) (S n, Maryland	Stote)	
1	24. HUMERAL DIRECTOR K. COI	fman Fune	eral ADDROMe Inc	250. REC'D	BY REGISTRAR 2Sb. R	EGISTRAR'S SIGNATURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or attending physician.

TO THE PROPERTY OF THE PARTY OF

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any whent, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04291
CERTIFICATE OF DEATH
04293

1. PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, wite RURAL and give nearest town) Williamsport MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
22 W. Potomac Street	22 W. Potomac Street ON A FARM?
3. NAME OF First Middle DECEASED (Type or print) David Mc Kendree	Harsh 4. DATE Month Oay Year OF DEATH March 23 19 67
Male White WIDOWED OIVORCED	8. DATE OF BIRTH Feb 24 1883 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Months Oays Hours Min. Min. Oays O 27 Oays Oays
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) Bar Tender 10b. KIND OF BUSINESS OR INDUSTRY Tavern	Williamsport Maryland 12. CITIZEN OF WHAT COUNTRY? Williamsport Maryland U.S. A.
David H. Harsh	14. MOTHER'S MAIOEN NAME Malinda Wilson
(Yes, no, or unkown) (If yes give war or dates of service)	iss. Louise Harsh Williamsport Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions (b) OUE TO UNDERTOR (c)	INTERVAL BETWEEN DISEASE CONDITIONGIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION CONTRIB	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URREO. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto while p.m. 19 at work at work	ACE OF INDERY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
21. I certify that (1) this hospital) attended the deceased from	t death occurred at 3 M, from the causes and on the date stated above.
22a SIGNATURE M.E	
NAME (Type) M.E. ByrK, T	Williamsport Md
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS REMOVAL (Specify) Burial March 25-67 Rest Haven C	Cemetery Hagerstown Maryland
24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport Md.	MAR 2 7 1967 FURNILL SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY g. STATE b. COUNTY MARYLAND WASHINGTON WASHINGTON MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 10 YRS. HAGERSTOWN d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) WASHINGTON COUNTY HOSPITAL 1016 POTOMAC AVENUE YES NO X 3 NAME OF 4 DATE Middle First Lost Year DECEASED MARCH 67 MARY LEDBETTER HEGELER 19 DEATH (Type or print) S SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) WHITE JULY 22, 1913 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? CALHOUN CO. . ALABAMA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME W. LEDBETTER JESSIE JONES HAGERSTOWN, MARYLAND 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yestro, or unknown) (If yes give wor or dotes of service) 111-22-7311 MR. H. HARTLEY HEGELER 1016 POTOMAC AVE. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY ONSET AND DEATH V C CSTY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUE TO stoting the underlying couse mo Hezrt WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased from 1424 , 1957, to Mar. 15, 1967 that (1) (we) last saw the deceased alive an Merch 15 19 67, and that death accurred at 11:15 AM, fram causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR 22d. ADDRESS 214 N. POTOMAC ST. HAGERSTOWN, MD. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) WASHINGTON D.C. CEDAR HILL CREMATORY 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR

CHARLES M. ROUZER HAGERSTOWN, MARYLAND

24 haurs ofter death campletely filled in by the oon popers. Pag within 72 hours carbon OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed the r to this certificate hos etached be retained TO FUNERAL DIRECTOR: O HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT. Page Department af delay farm pencil in Item 18. Give Pages 1, the State 24 haurs after death. alang with Examiner's This certificate shauld be executed within permit. burial-transit execute the certificate, writing the ward O gs nsed pe 3 should AL EXAMINER: funeral directar.

after with pages land2 v event any (and remaval, Б crematian, burial, (ţ, agent, priar FUNERAL DIRECTOR: Page designated Health ar 0

04293 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before a hission 1. PLACE OF DEATH o. COUNTY Shington b. county Washington o. STATE Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL ond give neorest town)
Hagerstown Life Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital 115 John St. YES NO X NAME OF First Middle Lost DATE Month Dov Year DECEASED ΩF Nelson Heller 25, 19 67 Norman March (Type or print) DEATH S SEX IF UNDER 1 YEAR 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Male White WIDOWED DIVORCED Dec. 17, 1917 11. BIRTHPLACE (Stote or foreign country) IDa, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Sign Painter COUNTRY? INDUSTRY Painting U. S. A. Hagerstown, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nelson Heller Ruth Sullivan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Hagerstown, Md. (Yes, no, or unknown) (If yes give wor or dotes of service) 212-14-7245 W. W. Two Mrs. E. Rebecca Heller, 115 John St. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY sudden DEATH Coronary occlusion IMMEDIATE CAUSE (a) __ DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse 19. WAS AUTOPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? Advanced cirrhosis of the liver NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) 2Do. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH 2De. PLACE OF INJURY (Home, form, (City or town) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work at work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection X. Inquiry and in my apinian death resulted fram: Natural7causes X Accident Suicide [Undetermined manner Hamicide 3/27/67 22. DATE SIGNED CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 580 Northern Ave. DEPUTY MEDICAL EXAMINER [X] Howard N. Weeks, M.D. Address (Street, city, town, or county) Hagerstown, Md. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) 3- 28- 67 Benevola Cemetery Benevola Md AR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. WAR

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State hours the 72 with event -TO shoul should DIRECTOR: execute Tri r. Page 4 s d for your please exec director. Pa retained for 0 FUNERAL D Health (10 0

may and MINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, ould be forwarded to the Chief Medical Examiner's Office along with form 1

2 3 pages 1 in any File permit. | removal, burial-transit p used as a to burial, o ld be 3 shou croR: Page designated 0

CERTIFICATION

MEDICAL

24.

ACTUAL

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH a. COUNTY a. STATE WASHINGTON MARYLAND Department after death. funeral may be b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b write RURAL and give nearest town) LIFE HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS ay to Page WASHINGTON COUNTY HOSPITAL 2014 3. NAME OF First Middle 4. Lest DECEASED HESS (Type or print) STUART JOHN 5. SEX 6. COLOR OR RACE OATE OF BIRTH

2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY WASHINGTON c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

e. IS RESIDENCE ON A FARM? GAY STREET YES NO A DATE Month Oev Yeer 1967 14 MARCH DEATH AGE (In yeers | IF UNOER 1 YEAR | IF UNDER 24 HR\$ 9. 7. MARRIED X NEVER MARRIED lest birthday) Months Davs Hours WIDOWEO . OIVORCEO [OCT 10.1901 MALE WHITE WIDOWEO OIVORCEO 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INOUSTRY U.S.A. RET TERMINAL MGR.
13. FATHER'S NAME TRUCKING CO. MARYLAND 14. MOTHER'S MAIDEN NAME MAURICE HESS MARGARET SCHLEIGH HAGERSTOWN Address 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. MARYLAND (Yes, no, or unkown) | (If yes give war or dates of service) 2014 GAY STREET 214-10-4681 MRS. BERTIE HESS INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Bronchonneumonia. Bilateral davs DUE TO Conditions, if any, which Fracture Of Right 5th. & 6th. Ribs. gave rise to immediate DUE TO cause (e), stating the underlying cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? A Possible Terminal Thrombotic Occlusion Of Anterior Descending YES X NO T 20b. CDESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Evidently fell in home.
20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (State) 20c. TIME OF INJURY Month, Oay, Year (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work Home Washington 1967 Hagerstown. 21. I certify that I took charge of the remains described above, held an Autopsy and In my opinion Inspection Inquiry Undetermined manner Natural causes Accident Suicide Homlcide death resulted from: CHIEF MEDICAL EXAMINER

MO SIGNATURE **EXAMINER'S**

3-17-67 DATE SIGNED ASSISTANT MEDICAL EXAMINER OEPUTY MEDICAL EXAMINER X

WASH STREET, city, town, or count GERSTOWN, MD.

DITTO, JR. M.D. 215 EDWARD W. NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) ROSE HILL CEMETERY MARYLAND

MARCH 18. 1967 BURTAL FUNERAL DIRECTOR

CHARLES M. ROUZER

AODRESS HAGERSTOWN, MARYLAND

MAR 2 1 1967 25h DEGISTRAR'S SIGNATURE

HAGERSTOWN

(State)

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04295	CERTIFICATE	OF DEATH	04	297			
	PLACE OF DEATH o. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) o. STATE Maryland b. (OUNTY Washington					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagers to Wn	c. LENGTH OF STAY IN 1b		porate limits, write RURAL and give	neorest town)			
	d. NAME DF HOSPITAL OR INSTITUTION (If not Avalon Manor	in hospitol, give street oddress)	d. STREET ADDRESS 1011 Oak H:	ill Ave	e. 1S RESIDENCE ON A FARM? YES NO			
	3. NAME DF First DECEASED (Type or print) Geo		lost 4. DA1 Hornbaker 0F	7/1 70	Doy Year 27 1967			
A	S. SEX 6. COLDR OR RACE White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 21,1884	les Sirthdoy) Months	YEAR IF UNDER 24 HRS. Doys Hours Min.			
	ido. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIVISION Eng.	10b. KIND OF BUSINESS OR INDUSTRY M. RWy. Co.	11. BIRTHPLACE (County & Stote, of Mercersburg,	Franklin Co C	IZEN OF WHAT UNTRY? J.S.A			
	3. FATHER'S NAME John Hornbake	er	Jane E. Sh					
	1S. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (If yes give wor or dotes of NO	16. SOCIAL SECURITY NO. 17.	informant r. John H. Ho		Oak Hill			
	18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Alala Colone line	Hagersto		ONSET AND DEATH			
	Conditions, if ony, which gove itse to immediate couse (a),	1 Retroperitones	1 Lympho s	ercome -	142.			
	stoting the underlying couse lost.	:)			Lio Wes All Orev			
2	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS	NTRIBUTING TO DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED? YES NO			
	200. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CIFETHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.						
	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19	While of work of work of work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)		inty) (Stote)			
	saw the deceased alive an_P	ital) attended the deceased fram_ lar-27_1967, and tha	F2b 11 , 1967 at death accurred at 4 P					
	220. SIGNATURE	Am M.	D. ATTENDING MED. DIRECTO	STAFF -	27 /67			
	22c. PHYSICIANS NAME (Type) // Oyd	- HoFFmen	214 N-10t	st . Hager				
	23g. BURIAL, (REMATION, REMOVAL (Specify) Cremation 3/28/0 24. FUNERAL DIRECTOR			altimore, Md.	(County) (Stote)			
J		Funeral Home, In	MAR 30	1967 Clarles	Judge			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the strated director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages, and 2 shauld be filed with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

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DIVISION OF	VITAL	RECORDS,	301 W	. PRESTO	V STRI	EET, BA	ALTIMORE,	MARYLAND	21201
			CEDTI	FICATE	OF	DEAT	TU		

042	96		CERTIFICATE	OF DEATH		04	298	/
1. PLACE OF DI o. COUNTY	Washingto:	n	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived, if in b.	istitution: Residence COUNTY Freder	befare admission)	
b. CITY OR T	OWN (If autside carparate limits	, c. LEN	GTH OF STAY IN 1b	c. CITY OR TOWN (If out	tside carparate limits, wri	te RURAL and give	nearest tawn)	
	AL and give nearest tawn) Cerstown	- S -	5 Mon.	Frederi	ck		10.2.	
	HOSPITAL OR INSTITUTION (If no	t in hospital, give stree		d. STREET ADDRESS			e. IS RESIDEN	CE
Washin	gton County	Hospital		504 Va	lley Stre	et	ON A FARA	Mr.
3. NAME OF	Fir	st	Middle	Last	4. DATE	Manth	Day Year	
(Type or prin	mildred	Clair	re :	Houchin	OF DEATH	March	24 1967	
S. SEX	6. COLOR OR RACE	7. MARRIED N		B. DATE OF BIRTH	9. AGE (In ye last birthd	ars IF UNDER 1		4 HRS.
Femal	e White	WIDOWED		Nov. 12-1908	58	yrs.		Milit.
0o. USUAL OCCU juring most of w	PATION (Give kind of work dane orking life, even if retired)	State CP	usiness or ublicSchool		State, ar fareign country) Missouri		EN OF WHAT	Α.
13. FATHER'S N	AME			14. MOTHER'S MAIDEN N	AME			
	John Lewis Hou	chin		Lennie	Blanche Sin	15		
S. WAS DECEAS Yes, na, or unkr	ED EVER IN U.S. ARMED FORCES? nown) (If yes give wor or dates o	f service) 219–38	447. Mr	nformant s. Wm. B. Gr	oss-304 Cer	Address Bruns	wick, Md	
1B. CAUSE	OF DEATH (Enter only one could be death was Caused BY:	se per line for (a), (b),	and (c).)	0 0			INTERVAL BETWE ONSET AND DEA	
17	O X IMMEDIATE CAUSE DUE	. ,	wange	a carein	st		1/	
	if any, which gave	(b) Care	inoma.	left brea	st		12m	22
	underlying cause DUE	ΤΟ (ε)		6			1	
PART II. OT	HER SIGNIFICANT CONDITIONS C		BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1	(a)	19. WAS AUTOPS PERFORMEDS YES NO	?
OR CONTRIE	NT WAS UNDERLYING UTING CAUSE OF DEATH HOTIFY MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURRED.	(Enter noture of injury in F	Part I ar Part II af item 3	B.)		
	OF INJURY Month, Day, Year our a.m. p.m. 19			CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	, 20f. (City ar tov	vn) (Coun	ty) (Sta	ite)
21. 1	certify that (1) (this has	pital) attended the	deceased from_S	901 10, 1º	966, to Mard	24, 196	Z, that (I) (we	
	he deceased alive on 12	unch 19,	19 6 / , and tha	t death accurred at_	M, fram cau			ibave.
22a. SIGN	John a.	nevan 1	M. W. M.	D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DAT	1 24-1967	7
22c. PHYS NAMI	CIAN'S JOHN A.	MORAL	V M.D.	215 W. Was	hington St.	Hazerston	n, ma	1
23a. BURIAL, CR REMOVAL (BURI	EMATION, 23b. DATE THI Specify) 3- 28-		NAME OF CEMETERY OR		Fulton- M	,	County) (Stat	e)
24. FUNERAL D	IRECTOR Ellips			1761 25a. REC'D		b. REGISTRAR'S SIG		190
M.R.	Etchison & Sor	r // Frede	erick, ma.	TIOT MAR 2	7 1007 0	Charles (ludge.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after definition. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04200

I. PLACE OF DE	ATH) ·		2. USUAL RESIDENC	E (Whara dacaasad		esidence before admission)
a. COUNTY	Shin ohn	MARYLAND	a. STATE	C	b. COUNTY	. /
b. CITY OR TO	N (if outside porporata limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporata li	mits, write RURAL and	give nearast town)
	and give negrast town)	/ //	1.1-1	+		and the
10087	storo	6 years	Washi	ng Ivri		7.5
A NAME OF H	SPITAL OF INSTITUTION (if not In ho	spital, give atreet address)	d. STREET ADDRESS	+	110	IS RESIDENCE ON A FARM?
Tamner	- Leedy / Remond	il Itme	360/Co	medica	et/JE, N	, W. YES NO
3. NAME OF DECEASED	/ First	Middle	Last	4. DATE	Month 1	Day Yaar
(Typa or print)	Hraminta.	F	1010011	DEATH /	narch :	28 1961
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED TO	DATE OF BIRTH	9. AGE	(In years IF UNDER 1	YEAR IF UNDER 24 HRS.
Faire	W) With (WIDOW)		une 28 18	877 80	oirthday) Months	Deys Hours Min.
10a USUAL OCCI		CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County	& State or foreign		ZEN OF WHAT COUNTRY?
dena during most	working life, even if refired)		0.	0 1	. 11	c A
legist	red Muse		Dernina	e, virgi	ma u	,3,77,
13. FATHER'S NA		6 11.	14. MOTHER'S MAIDEN N	AME,	E.	
Han	ell James	es tranklin	- Ker	cheval	mn	na
	EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		Address	
H A	(II yas giva wai oi dales giservica)					
18. CAUSE	F DEATH [Enter only one cause pag	line for (a), (b), and (c).] /	1 M	A		INTERVAL BETWEEN
PART I.	EATH WAS CAUSED BY:	Jennas Val	e Heast	alseen	A	ONSET AND DEATH
1/20	IMMEDIATE CAUSE (a)	yer v veregoe a	1 - 400	por pres	4	1
400	DUE TO	18.	1;			211111
Conditions, if		ince porce	onen			vac.
(a), stating t	DIJE TO	V				
causa last.						
Z PART II. C	THER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
3 8						YES NO
	WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Entar natura of injury in I	Part I or Part II of its	m 18.)	
U (IF EITHER, NO	ING CAUSE OF DEATH					
20c. TIME OF	NJURY Month, Day, Year 20d.	INJURY OCCURRED 200, PLA	CE OF INJURY (Homa, farm,	20f. (City or tov	vn) (Cou	nty) (Stata)
20c. TIME OF	m. Whil	aNot Whila fac	ory, streat, office bldg., etc.)			
×	m. 19 at wo	rk at work	and 15	11 W	120.	/ -7
21. I certif	y that (I) (this hospital) atter					(e that (I) (we) last
saw the de	eased alive on	91.13.28.67d that	death occurred at 0.00	IN, from the	causes and on th	
22a. SIGNAT	RE 11 0.11	1	ATTENDINGMI	ED. ST.	AFF	22b. DATE SIGNED
The section	1. W. W	an "		RECTOR PH		373742
22c. PHYSICIA			22d. ADDRESS		9.	1
NAME ((50) (50) hel	an	15000	(stow)	m	1
23a. BURIAL, CRE	ATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or county	(Stata)
Removal	3-31-1967	Green Hill	Cemetery	Berry	ille Va	
	TOR'S SIGNATURE	ADDRESS			25b. REGISTRAR'S	
Jos eph	awler's Sons.	Inc. D.	MAR 3	1 1967	Ochanlas	Under.
19790 MJ	c. Ave. N.W.	wagn_D.U.				

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages A and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 2

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	O Z C U	9		OLIVIII IOM	- O. D-////		72000	
1.	PLACE OF DEAT a. COUNTY				2. USUAL RESIDENCE a. STATE Mar	E (Where deceased lived, I		ce before admission) ington
		ashington		MARYLANO	N .			0
	b. CITY OR TOV	N (if outside corporat	e limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits	, write RURAL and a	(Ive nearest town)
	Willia	. and give nearest tow msport	n)	37 yrs	Willia	msport	21.	-/
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in h	ospital, give street address	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	24 E.	Salisbury S	treet		24 E. Sa	lisbury St.		YES NO
3.	NAME OF	Fi	rst	Middle	Last	4. DATE N	fonth Da	
	(Type or print)	Gladys		Kumler	Huddle	DEATH Marc	h 30	1967
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	ars IF UNDER 1 YEA	
			WIDOWED		March 31 18	last birthd	111111111111111111111111111111111111111	Hours Min.
	emale	White TION (Give kind of work		IND OF BUSINESS OR		ounty & State, or foreign co		N OF WHAT
dur	ing most of work	ding life, even if retire	d) 13	MDITETRY			COUNTR	RY?
	House	wife	Hor	me)hio	U.	S.A
13.	FATHER'S NAM	AE.			14. MOTHER'S MAIO			
	David	C Kumler			Myrt	cle Fout		
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	24 E. A	Mes sbury	St.
	es, no, or unkown) No	(If yes give war or dates o	f service) 218	8 30 9721B F	Rev. William		Villiamspo	
_		DEATH FEnter only on	1	ine for (a), (b), and (c).]				TERVAL BETWEEN
			. 24	. 0	1			SET AND DEATH
	PARI I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) YV	lyocandro	11/20	Betieve		10 min
	420	DUE	TO ./	5.50	V. A.			2
	Conditions, If		(h) +	H11009d	wwwsi's	,		7419
	gave rise to		TO	V				
	cause (a), s underlying cau	statting the (
N			(c) ONS CONTRIRI	UTING TO DEATH BUT NOT RE	ATEO TO THE TERMINAL O	DISFASE CONDITION GIVE	N IN PART 1(a) 119	. WAS AUTOPSY
ATI	I MAN III.O III.EN	Ordini todini odnom	J.10 0011111101	Vilon	0			PERFORMED?
FIC			1 001	1000	To the second second	t tulum in Dank I av Dank		YES NO
CERTIFICATION	OR CONTRIBUT	TWAS UNDERLINING CITING CAUSE OF DEADTIFY MEDICAL EXAMI	TH 20b.	DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of	Injury in Part I or Part	ii of item 18.)	
	(IF EITHER, NO	TIFY MEDICAL EXAMI						
CAL		INJURY Month, Day,	Year 20d. I	fan	ACE OF INJURY (Home, fatory, street, office bldg., e	arm, 20f. (City or tow	n) (County)	(State)
MEDICAL	Hour a.	.m. 19	While at wor	THE WHITE -	tory, street, office balls, c	(6.7)		
-			nitad) attend		Nov 10 1	9 58 to Mar 3	301967	that (i) (webclast
		eceased alive on E	eb 27	19 67_, and th	at death occurred at 1			ate stated above.
	22a. SIGNATE		in	The contract of	at acath coonies at	PM	22b. DATE S	
			1	11/10		MED. STAFF	Mar 31	1967
	22c. PHYSICI	ANUC	100	LAX M	.D. PHYS. X	OIRECTOR PHYS.		1/01
	NAME (E. Byrl	le4+		sport Maryla	md 27 705	
_			-					
23	a. BURIAL, CRE REMOVAL (SI	MATION, 23b. OATE		23c. NAME OF CEMETE		23d. LOCATION (Cit	115.2	(State)
	Burial	April	1-67	Riverview C		Williamsp		
24	. FUNERAL DIR		CIVE B	ADORESS	25a. RE	CHO BY REGISTRAR L 25b	. REGISTRAR'S SIG	NATURE
	Mr. Al	bert L. Lea	f Will:	iamsport Md.	AF	u 2 1961	getianles	Judge

VR AIS (4) 20M 1/65

100510 Land to Co. 10 Standard 200 Called A politica de la companya del companya de la companya del companya de la companya The second section of the second section secti the many and the second THE RESULT OF THE PARTY OF THE teris constant promontants of the state of t death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

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MEDICAL CERTIFICATION

23

24. FUNERAL DIRECTOR

MAR DIVISION OF STATISTICAL RESE		, 301 W. PRESTON		ORE 1 MARYLAND
1. PLACE OF DEATH a. COUNTY Washington	CERTIFICATE	2. USUAL RESIDENCE a. STATE	E (Where deceased lived, If in b. COU	nstitution: Residence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16 4 month	c. CITY OR TOWN (IF O	outside corporate limits, w	write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in h Friendship Manor Nursing Ho		d. STREET ADDRESS Lincolnshi	1931 ire Road	e. IS RESIDENCE ON A FARM? YES \(\text{NO } \text{NO } \(\text{X} \)
3. NAME OF First DECEASED Charles		Huff	4. OATE Mon OF OEATH March	13 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED	DIVORGED DIVORGED	8. DATE OF BIRTH NOV. 24 1903	last birthday)	3 19
during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY ildings		inty & State, or foreign counting Maryland	12. CITIZEN OF WHAT COUNTRY?
Thomas Huff	P COSTAL PROUDITYNO 1 17		Cullison	
(Yes, no, or unkown) (If yes give war or dates of service) No	214-09-9758 Mr	rs. Blanche	1931 Lincol D Huff Hage	rstown Maryland
1 , , , , , DOL 10	ertensive Arter	iosclerotic	Vascular Dise	interval Between onset and death 5 years
Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	iplegia			3 years

Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	,a		3 years
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO X
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter n	ature of Injury in Part I or Part II of Item	18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC Hour a.m. While not we at work at work at work.	While factory, street, office	Home, farm, 20f. (City or town) (bldg., etc.)	(County) (State)
21. I certify that (I) (this hospital) attended the de	eceased from 6-1-	, 19.66, to 3-13-, 19	67, that (I) (we) las
		ed at 1 AM, from the causes and o	
22a. SIGNATURE & SW Auth	Z M.D. ATTENDING	MED. STAFF 22b.	DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. E. W. Ditto, Jr.	22d. ADD		
a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. N	AME OF CEMETERY OR CREMATOR	Y 23d. LOCATION (City, town or	county) (State)
Burial March 15-67 Gree	enlawn Cemetery	Williamsport Ma	ryland
. FUNERAL DIRECTOR AL	DDRESS 25	5a. REC'D BY RECISTRAR 25b. RECISTR	AR'S SIGNATURE
Albert L. Leaf Williamsport Md.	D	ATE 16 1967 / Cuart	s Judge

VR AI5 (4) 20M 1/65

Landon as halvey Mariana sa to the Landon the same and the state of the set - were the second to the second of th en of the second

TOTAL PROGRAMMENT OF STREET BUILDING CO. TOTAL

Service and a training of the service of the servic

ician and completely din by the funeral nove carbon papers. Pages 1 and 2 should eyent, within 72 hours after death. RATIENDING PHYSICIAN: The law requires that the death certificate be executed TO HOSPITAL

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death. Page 4. be retained by the hospital or attending physician.	RA	ge	/ith
20	E	4,7	≯
4	5	cto	100
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U	7	0	-11
	TO FUNERAL COTOR: After this certificate has been signed by the attending phys	A	15
	15	M	7-

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	04300)	CERTIFICA	TE	OF DEA	TH		043	302
1.	PLACE OF DEATH a. COUNTY Wa:	shington	MARYLAND		e. STATE	NCE (Where	deceased lived, If i b. COUN		ence before admission)
	b. CITY OR TOWN (in write RURAL and	f outside corporete limits, 'give nearest town)	c. LENGTH OF STAY IN 16		c. CITY OR TOWN	(If outside co	rporete limits, write	RURAL end giv	e neerest town)
_	Hagers		in hospitel, give street eddress	-	d. STREET ADDRES	thsbur	g rural		IS RESIDENCE ON A FARM?
		County Hospi	tal		RFD #2	,			YES NO
3.	NAME OF DECEASED (Type or print)	Simon	Middle Verdene	Н	untsberry	4. DATE OF DEAT		en fold	19 67
5.	SEX	6. COLOR OR RACE 7. M			TE OF BIRTH		9. AGE (In years last birthday)	Months Deys	
1	Male	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DOWED DIVORCED		c. 23, 19		57 yrs.		
10.	a. USUAL OCCUPATI one during most of wor Farmer	rking life, even if retired)	iob. KIND OF BUSINESS OR INDUST Truck Farmer	TRY 11.	Pondsvil			12. CITIZEN	OF WHAT COUNTRY?
13	. FATHER'S NAME			14.	MOTHER'S MAIDE				
	Charles	C. Huntsberry	the Bull of the		Mrs. Oni	e Bear			
		ER IN U.S. ARMED FORCES? Types give war or dates of service		INFO	RMANT		Address		
(.	no	yesgive wai oi dales oisei vice		char	rd C. Hun	tsberr	y RD#2.	Smithsb	urg. Md.
	18. CAUSE OF D	EATH [Enter only one cause	e per line for (a), (b), end (c).)						NTERVAL SETWEEN
10		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmonaryembolis	m					2 days
	1142)	DUE TO	2 drinonda yomborizo				Part Policy		4 44 5
	Conditions, if any		Phlebothrombosis						1 month
	gave rise to immedi	ete cause							
	(a), steting the uncause last.	nderlying (c)	Hypertensive car	dio	vascular	diseas	e		10 years
×	PART II. OTHER		S CONTRIBUTING TO DEATH BUT N					EN IN PART 1(e)	19. WAS AUTOPSY
ATIC	The second								PERFORMED?
CERTIFICATION	20e. ACCIDENT WA	CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURE	ED. (Ent	er neture of injury i	in Part I or Per	t II of item 18.)		
		MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e. PL	IACE O	F INJURY (Home, fa	206 10	lity or town)	(County)	(Stete)
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	19	While Not While fe	ectory, s	treet, office bldg., e	otc.)			
			attended the deceased from						
ij.	saw the deceas	sed alive on $2-2$	8- 1967, and tha	at deal	h occurred at	30am, fro	m the causes a	ind on the d	ate stated above.
	22a SIGNATURE	I. Hen		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	3-2	22b. DATE SIGNED
S	22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS				F STATE OF
		Charles F.	Hess, M.D.		Smithsb		aryland 2		
	REMOVAL (Specify)		23c. NAME OF CEMETERY				CATION (City, to	wn or county)	(Stete)
	urial FUNERAL DIRECTOR	Mar. 4, 19	67 Smithsburg	Cem			thsburg	GISTRAR'S SIGN	MC.
			Smithsburg, Md.		DATE	MAR 6	1967		les Justige
		atoral mone,	mironspure, ma.		DATE	MAKD		1	V 8

Alexander Control of Bullstoner Alle, Saugebury, M. THE STATE OF Enterto an continuation Danacia to Unantibulges The Alexand Committee P. Manes, 2679. ENTIRE Man WE'T'S COMMON STATE OF A. A. A. M. Deviden Berlinstein, J. John S. the state of the s STANFOR SERVICE TO THE INTERNATIONAL PROPERTY. 3 9AM Mile Natural of the Service Fine Fine Mile Manager

MARYLAND STATE DEPARTMENT OF HEALTH

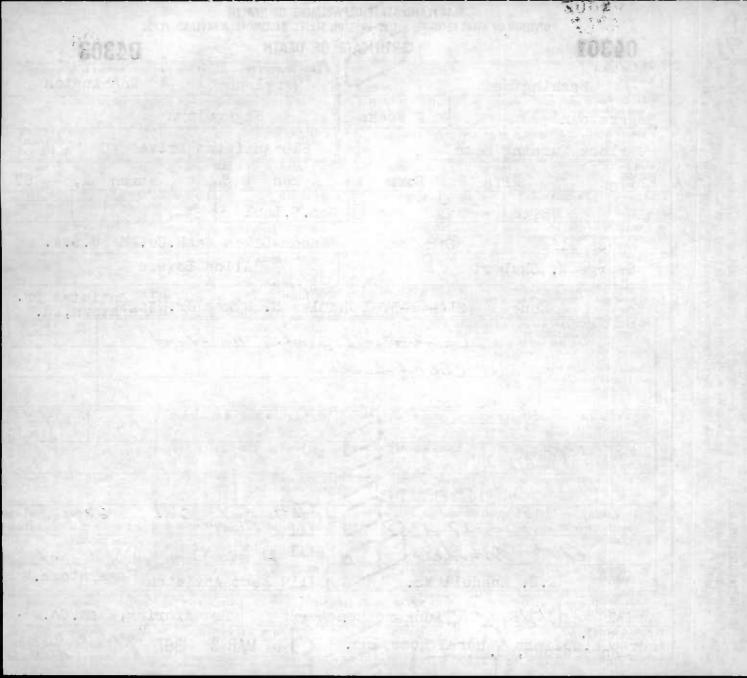
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04	301	CERTIFICA	TE OF DEATH	043	103
PLACE OF I a. COUNTY	Washington	L MARYLAND	o. Si Waryla		nington
Hage:	TOWN (If autside corparate limits, IRAL and give nearest town) ISTOW IA	c LENGTH OF STAY IN 16 2 Weeks	На	side carparate limits, write RURAL and gi agerstown	21-1
	HOSPITAL OR INSTITUTION (If not lock Nursing		d. STREET ADDRESS 815 Ant	tietam Drive	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or pr	First	Middle	lost Hykes	4. DATE Manth OF March	Day Year 1, 19 67
s. sex Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Dec. 5, 1881	last historias) Atlantica	R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCC	UPATION (Give kind of work done working life, even it retired) USE LIE	10b. KIND OF BUSINESS OR INDUSTRY OWN Home	11. BIRTHPLACE (County 8	State, ar fareign country) 12. (con Wash. Co. Md.	COUNTRYS A
13. FATHER'S Ge	orge W. Shube	ert	14. MOTHER'S MAIDEN N	Meice Boward	
15. WAS DECE (Yes, ng, ar unl NO	ASED EVER IN U.S. ARMED FORCES? known) (If yes give war or dates of s None	16. SOCIAL SECURITY NO. 214–48–3791 C	charles S. H	lykes Jr. Hagers	tietam Dr.
Condition rise to im stating the last.	s, if any, which gave mediate cause (o), the underlying cause County (c)	atherose			ONSET AND DEATH 19. WAS AUTOPSY PERFORMED?
OR CONTR	DENT WAS UNDERLYING BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in P	art I ar Part II af item 1B.)	YES NO
₹ 20c. TIME	OF INJURY Manth, Day, Year Hour a.m.		PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	20f. (City ar tawn) (C	Caunty) (State)
saw	certify that (1) (this haspi the deceased alive an	tal) attended the deceased fram.	2 - 27 , 19 hat death accurred at	2:45AM, from causes and on	
22a. SIG	am 0.	morder	M.D. PHYS.		DATE SIGNED
	A.M. Ma	andell Mat.		30 All OLE CALL	erstown.M
230. BURIAL, O BULLE	(Specify) 3/3/67	Dunkard Co	emetery	23d. LOCATION (City or Town) Broadforing, W	(County) (State) ash.Co.Md.
Andre	AMECOR.	uneral Home Inc		BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE Judge

1967

erstown.Mduneral Home Inc.

TO FUNERAL DIRECTOR: After this certificote hos been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Poge 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04302

CERTIFICATE OF DEATH

PLACE OF DEATH O. COUNTY	Washington	MARYLAND	CT ATE	Where deceosed lived, if institution: Res	sidence before odmission) [aryland
b. CITY OR TOWN	(If autside carparote limits.	c. LENGTH OF STAY IN 16	II .	utside carparote limits, write RURAL and	
Write RURAL or	nd give neorest tawn)	1 year	Hagerst		21.1
	TAL OR INSTITUTION (If not in hospito	l, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
316 N.	Mulberry St.		316 N.	Mulberry St.	YES NO
3. NAME OF DECEASED (Type ar print)	First Grant	Middle S •	lost I mboden	4. DATE Month OF March 1	7, Poy Year
S. SEX male	6. COLOR OR RACE 7. MARRIE WIDOWE		8. DATE OF BIRTH May 26, 1	9. AGE (In years 6 3st birthdoy) Mant	hs Doys Hours Min.
10o. USUAL OCCUPATIOn during most of working painte		KIND OF BUSINESS OR INDUSTRY.	11. BIRTHPLACE (County Annville		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Isaa	c Imboden		Sarah	Shenk	
	(If was give wor or dotes of service)		INFORMANT Kreamer Fu	Address Ineral Home Ann	ville, Md.
	y, which gove (b) (b)	deco careinoru	a aprech	em o	interval between onset and death
PART II. OTHER S	SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) 20b.	DESCRIBE HOW INJURY OCCURRED.	(Enter noture af injury in	Port I or Port II of item 18.)	
Hour a	and the state of t		ACE OF INJURY (Hame, forn tory, street, office bldg., etc.		(Caunty) (State)
sow the	ify that (I) (this haspital) atto deceased alive an 3/2	ended the deceased fram_	at death accurred at	1967 ta 3/17 10 ⁵⁰ AM, from causes and a	19 <u>6</u> , that (I) (we) last in the date stated abave.
22g SIGNATURE 22c. PHYSICIAN NAME CYP	& Janie sof		D. ATTENDING PHYS. 22d. ADDRESS	MED: STAFF DIRECTOR PHYS. 3	b. DATE SIGNED
23a. BURIAL, CREMAT	0	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
BMYAST	3-18-67	Mt. Annvil:		A	
24. FUNERAL DIRECT Minnicl	OR 1 Funeral Home	ADDRESS	269. ARES'I	2 REGISTRAR 25h REGISTRAN	R'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, cremotion, or removal, and in any event, within 72 hours of the Tabach. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospitol or attending physicion.

VR A15 (4) 20 M 1/66

ACEAC AND THE PROPERTY THE PROPERTY OF A PROPERTY AND A PARTY AND F 120707878 500 or a contractor strained by TIS AT MICH ORITY SEE Contact of the contac Kay 25, 1909 692 ... · mil - of Lighting | 199-2 -1991A . Frances Lincord Core Congliderate The Course landings and Alexander actions and the Course of the Course o Education caneral was, sager stewn, nd. W. L. S.

FOR STATE HEALTH DEPT.

director. Page or your files. TO DEPUTY ADICAL EXAMINER: This certificate should be executed within 24 hours after death. If any sy is n please execut.

Certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the factor of the fash of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depart Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 2

VR A15ME 5M 1/62

MARYLAND STATE DEPARTMENT OF HEALTH

04303 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04305

1. PLACE OF DEATH	B		2. USUAL RESIDER	NCE (Where deceased lived, If institution:	Residence before admission)
Washing	ton	MARYLAND		b. COUNTY	noton
b. CITY OR TOWN	if outside corporata limits,	c. LENGTH OF STAY IN 16	Marylan	(If outside corporate limits, write RURAL a	ngton
Hagersto	Wn Maryland	60 yrs	Hagerst	own Maryland	2/-/ a. IS RESIDENCE
The second second	Washington		459 Pl	ark Place	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Typa or print)	Ashby	(no)	Jackson	DEATH Mar	1967
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER	
Male	Colored win	DOWED TO DIVORCED	April 221	881 last birthday) Months	Days Hours Min.
	ION (Give kind of work 1 orking life, even if retired)	Db. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stat	e or foreign country) 12. C	TIZEN OF WHAT COUNTRY?
Laborer		Private family	Rannahar	moole Vo IIS	SA.
13. FATHER'S NAME		ria ve oc i comita o	14. MOTHER'S MAIDEN		on.
Martin	Jackson		Janie	Grigsby	
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? fyesgivewarordatesofservice	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addrass 38 1	I. Summit St
no		216-14-5167 M	Irs. Kathry	n G. Butler Harr	
18. CAUSE OF I	EATH (Enter only one cause	par lina for (a), (b), and (c).)			INTERVAL BETWEEN
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary o	ec 1		ONSET AND DEATH
1/201	DUE TO	(oronary o	celusioni		- Income
Conditions, if any					3 -
gave rise to immad	iata causa	eneral onter	ed Schoon	+ arteno -	do you
(a), stating the u	ndarlying DUE TO		1 0		
cause last.) (c) 5		t disease		
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER					YES NO
20a. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		DESCRIBE HOW INJURY OCCURED.	(Entar netura of injury in Pa	ert t or Pert II of itam 18.)	
3 20c. TIME OF INJU	JRY Month, Day, Year	2Dd. INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, far	em 20f (City os town)	ounty) (State)
0	Month, Day, Tear		ctory, straet, offica bldg., et		(31818)
Hour a.m.	17	at work at work			
21. I certify th	nat I took charge of the	remains described above, h	reld an Autopsy ,	Inspection Inquiry K,	and in my opinion
death resulted	from: Natural causes	Accident , Sui	cide, Homicide	Undetermined manner	
	7		CHIEF MEDICAL	EXAMINER	
ACTUAL SIGNATURE	duguel IN	Dix A Kil	M.D. ASSISTANT ME	DICAL EXAMINER	DATE SIGNED
EXAMINER'S			DEPUTY MEDICA	AL EXAMINER	3-13-67
NAME (Typa)		Ditto III		city, town, or county)	
228. BURIAL, CREMATIC)	22c. NAME OF CEMETERY		22d. LOCATION (City, town, or countr	y) (Stata)
Burial	3-15-1967	Rose Hill Ce	emetery	Hagerstown, Md.	
23. FUNERAL DIRECTO	R	ADDRESS	24a. RE	C'D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE
golm Kh	Votan on Ho	construm and	MAR	1 5 1967 feliante	Lank

20540 Anta State Michigan Residence Company and State Applications The second of th The REAL PROPERTY OF THE PARTY Lile of Miles Lile 11 colon & Kather on Wagneston may

MARYLAND STATE DEPARTMENT OF HEALTH

DIVIS	ION OF VITAL RECORDS, 301 W. PRE	STON STREET, BALTIMORE, MARYLAND 21201	
04304	CERTIFICA	TE OF DEATH	04306
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution of STATE b. COUNTY	
o. COUNTY Washington	MARYLAND	Marvland	Washington
b. CITY OR TOWN (If outside corporate write RURAL and give nearest tow	e limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)
Hagerstown, Mc	d 60 yrs	Hagerstown, Maryla	nd 21-1
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Western Maryla	and State Hospital	456 Park Place	ON A FARM? YES NO X
3. NAME OF	First Middle	Lost 4. DATE Month	Doy Year
DECEASED (Type or print)	harles moll lonss	OF DEATH MARCI	613, 1967
S. SEX 6. COLOR OR RA		1 8. DATE OF BIRTH 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Male Colored	WIDOWED DIVORCED	Oct. 20, 1898 68 yrs.	Months Doys Hours Min.
100 USUAL OCCUPATION (Give kind of world	k done 10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY Mill	Rippon, W. Va.	USA.
Laborer 13. FATHER'S NAME	MTTT	14. MOTHER'S MAIDEN NAME	J ODA.
Thomas Jones 15. WAS DECEASED EVER IN U.S. ARMED FO		Laura Helms 17. INFORMANT Address	
(Yes, no, or unknown) (If yes give wor or	dates of service)		
yes World	War 1 217-10-3256	Mrs. Hattie Jones 456 I	
	one couse per line for (o), (b), ond (c).)	, ,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED B		170515	CONSET, AND DEATH
1621 MINICULATE	DUE TO		
Conditions, if ony, which gove	(b) beanchogeni	ic careinoma	7 mos,
rise to immediate couse (o), (stating the underlying cause (DUE TO		
last.	(c)		
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
NOIL			PERFORMED?
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	JOP DESCRIBE HOW INTERN OCCUR	RED. (Enter noture of injury in Port I or Port II of item 18.)	I ID M
OR CONTRIBUTING CAUSE OF DEATH	Н	CLD. (Lines notice of injury in Fort 1 of Fort It of hell 16.)	
		DIACT OF INTURY (I)	(6)
20c. TIME OF INJURY Month, Doy,	Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town)	(County) (Stote)
p.m.	19 of work of work		
21. I certify that (I) (thi	s.hespital) attended the deceased from	1-9, 1967 to 3-13	, 19 6/, that (I) (We) la
saw the deceased alive	an march 13, 1967, and	that death accurred at C3PM, fram causes a	nd an the date stated abov
22o. SIGNATURE		ATTENIDING MED STAFE	22b. DATE SIGNED
Vic	tor L. Rames,	M.D. PHYS. DIRECTOR PHYS.	
22c. PHYSICIAN'S	TOR L. Ramos, m.D.	22d. ADDRESS Evesteen md. State	
NAME (Type) Vic	TOR L. Ramos, M.D.	Hagerstown, mak	yland

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the Stote Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours Poge 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

Pages 1 and 2

BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR

230.

96

23b. DATE THEREOF

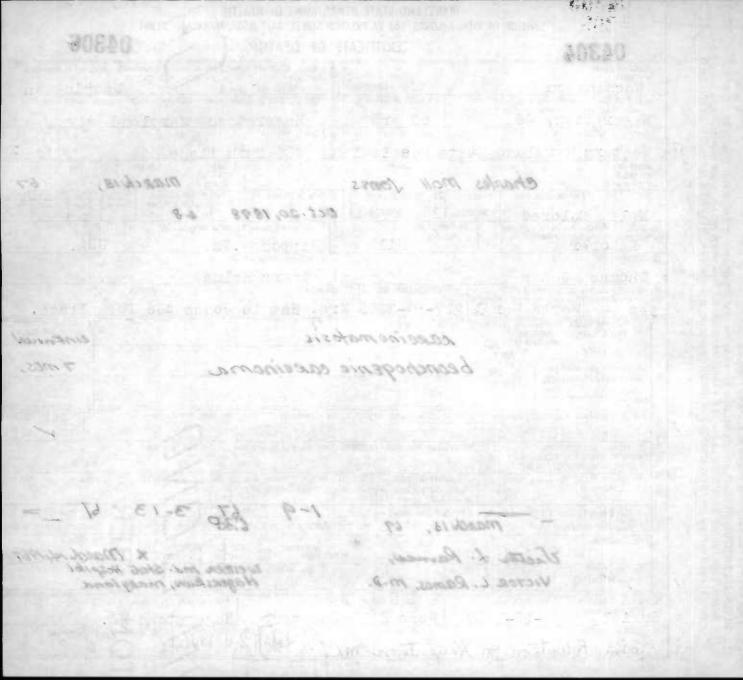
Rose I

NAME OF CEMETERY OR CREMATORY

Cemetery

MAR 2 0 1967

LOCATION (City or Town) (County) (Stote)



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

04307

0.3000	CERTIFIC	ALL OF PEATH	:00						
1. PLACE OF DEATH o. COUNTY Washing	ton MARYLAN	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence o. STATE Md. b. COUNTY Was	e befare admission) a sh •						
b. CITY OR TOWN (If outside carpard write RURAL ond give nearest to Hagerstown	43 years	Hagerstown	21-1						
513 W. Howar	ON (If not in haspital, give street oddress) d St.	d. STREET ADDRESS 513 W. Howard St.	e. IS RESIDENCE ON A FARM? YES NO						
3. NAME OF DECEASED (Type or print)	First Middle SHARPE	Lost 4. DATE Month OF DEATH March							
s. sex 6. color or R white	THE TEXT TO THE LETTER THE TEXT TO THE TEX		YEAR IF UNDER 24 HR. Days Haurs Min.						
10a. USUAL DCCUPATION (Give kind af wa during mast af warking life, even if retire OWNER			ZEN DF WHAT INTRY?						
13. FATHER'S NAME W. Edw	ard Karper	14. MOTHER'S MAIDEN NAME Della Laughlin							
(Yes, no, ar unknawn) (If yes give war o	ORCES? 16. SOCIAL SECURITY NO. 1 dates af service) 220-44-6357	17. INFORMANT Sharpe D. Karper, Perryvil.	le, Md.						
PART I. DEATH WAS CAUSED	one cause per line for (o), (b), and (c).) BY: E CAUSE (o) Carcline	- arrest	INTERVAL BETWEEN ONSET AND DEATH Mirana Faria						
Canditians, if ony, which gave ise to immediate cause (a),	DUE TO (b)		found chan						
stoting the underlying cause lost.	19	otic (Coronary) Strand Paisers	1'syears						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES \(\sum \) NO \(\sum \)									
200. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEA	TH	RRED. (Enter noture of injury in Part I ar Part II af item 18.)							
20c. TIME OF INJURY Month, Day, Hour a.m.	Year 20d. INJURY OCCURRED 20e While Nat While at work	e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)	nty) (Stote)						
21. I certify that (I) (the saw the deceased alive	21. I certify that (I) (this haspital) attended the deceased from 7-23, 1951, to 3-13, 1967, that (I) (we) last saw the deceased glive on 1-23 1967, ond that death occurred ot 2.36 A. M, from causes and on the date stated abave.								
	It I Som hadre	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 3-	TE SIGNED 13-67						
NAME (Type)	H. Hormbaker, M.D.	22d. ADDRESS 154 West Washington Hagerstown, Md.							
REMOVALISPECTED 3—		Cemetery Chambersburg.	(County) (State) Penna.						
24. FUNERAL DIRECTOR	ADDRESS Hager story	250. MARY 16 STRAN 967 25b. FESTRAS SA	GNATURE						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune of directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66

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introduction . Selection . Selection	100	Dawnell . F.E.E.
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04306	CERTIFICATE	OF DEATH	04308
1. PLACE OF DEATH o. COUNTY Washington	MAK/ LAND	2. USUAL RESIDENCE (Where deceosed lived o. STATE Md.	b. CDUNTY PrinceGeorge
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TDWN (If outside corporate limits Hyattsville	, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in h Western Maryland		d. STREET ADDRESS	e. IS RESIDENCE DN A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Murtls	Middle Cleo Ka	Lost 4. DATE OF DEATH	Month Doy Year March 20, 1967
S. SEX 6. CDLOR OR RACE 7. M	ARRIED NEVER MARRIED 8 DOWED DIVORCED	Aug. 16, 1880 86	
10o. USUAL OCCUPATIDN (Give kind of work done during most of working life, even if retired)	10b, KIND DF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign cou	COUNTRY?
13. FATHER'S NAME Henry Ward		14. MOTHER'S MAIDEN NAME Rebec	ca Keefer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of servi	(a)	NFORMANT	Address , Mt.Rainier, Md.
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), ond (c).)	a	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost. (c) DUE TO (c)	nephroscleno arterioscle	rosis, general	conknew
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI			RT I(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HDW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of it	em 18.)
20c. TIME DF INJURY Month, Doy, Year Hour o.m. 19		E DF INJURY (Home, form, 20f. (City only, street, office bldg., etc.)	or town) (County) (State)
21. I certify that (I) (this hospital) saw the deceased alive an max	attended the deceased from	deam accurred at 7,03 pM, fram	causes and an the date stated aba
220. SIGNATURE	Camee, MD	. PHYS. L DIRECTOR L P	TAFF HYS. M PRANCH 21, 1967
22c. PHYSICIAN'S NAME (Type) Victor L.	Rames, m.D.	22d. ADDRESS Western m. Hagenstow	NIMA.
230. BURIAL, CREMATION, PREMOVAL (Specify) 3-23-67	23c. NAME OF CEMETERY OR C		(City or Town) (County) (Stote) 11stone, Md.
24 Minnich Funeral Ho	2249004	2Sa. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physicion.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04307

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04309

FOR STATE		04307	MED	ICAL EXAMINER'S	CERTIFICATE (OF DEATH	0430	3
HEALTH DEPA	1.	PLACE OF DEATH					institution: Residence be	
SES ATA	İ '	Washington		MARYLAND	o. SIAM aryl	and W	ashington	
lay I 3 Pa ent de		o. CITY OR TOWN (If outside corparate limits.		c. LENGTH OF STAY IN 16			vrite RURAL ond give neo	
leath. If any delay is Poges 1, 2, and 3 ta with farm PM3. Page 5 state Department of 72 hours after defith		Write RURAL and give nearest town) # Hagerstown R #	4	11 Years	Hagers	town R #	4 21-1	/
af		. NAME OF HOSPITAL OR INSTITUTION (If not	in hospital, g	jive street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
fter death. if of Give Poges 1, ong with farm the State De thin 72 haurs		Salem Church Road	l		Salem	Church Ro	ad	YES NO
death. Poge with f with f		NAME OF First		Middle	Losi	4. DATE		Doy Year
r de ve P g wi g wi in 7		DECEASED (Type or print) SAMUEL	CALV		Jr	OF DEATH Mar		
	S.		7. MARRIED	123	8. DATE OF BIRTH	9. AGE (In	yeors IF UNDER 1 YEA	R IF UNDER 24 HRS.
or 18. of wind with wind wind with wind wind wind with wind wind wind wind wind wind wind wind		Male White	WIDOWED		ay 23 190			
thin 24 haurs and in Item 18 miner's Office of pages 1 and 2 vin any event vin any eve	1Da duri	USUAL OCCUPATION (Give kind af work done	1Db. KI	ND OF BUSINESS OR	11. BIRTHPLACE (Stote		12. CITIZEN COUNTR	
24 in l		ng mostof working life eyen if retired) Stone Mason	S	elf Employed	Hagersto	wn Wash C	o Md. COUNTR	A
hin ncil nine pagg	13.	FATHER'S NAME			14. MOTHER'S MAIDEN		•	
with n per Exam Exam File pand		Samuel C. Ki	ng S	r		Ellen Sp	ringer	
ed in in in it. F	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s. no, or unknown) (If yes give wor or dotes of s	ervice) 16. 1		INFORMANT	7 752 77	Address R#	<i>f</i> 4
ote should be executed go the word "pending" is at to the Chief Medical a burial-transit permit.	Ĺ				s Mary A			
exe end f Me it p		 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: 			Lem Church			NTERVAL BETWEEN ONSET AND DEATH
be "p"		O 7/ / IMMEDIATE CAUSE (o		not Wound Of He	ead (Self I	nflicted)	<u>Ir</u>	ONSET AND DEATH
ould vord ne C al-tr		9 16 A DUE TO)					
sho ie v o th buri		Conditions, if ony, which gove (b)						
ofe a la		stoting the underlying couse DUE TO						
iffico iting arde arde arde ial, c		last. (c		TO DELTH DUT NOT DELAYED TO	THE TENNING DISEASE OF	AND IT ON COURT IN BURY	1/1	9. WAS AUTOPSY
This certificate should be executed within 24 cote, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiner's be used os a burial-transit permit. File pages r to burial, cremation, or removal, and in any	NO	PART II. OTHER SIGNIFICANT CONDITIONS COM	ILKIROLING I	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART	1(0)	PERFORMED?
certificate, could be faces. should be used.	CERTIFICATION	2Do. EXTERNAL CAUSE WAS	I aai pr	COURT HOW INTERPO OCCUPANT	(T-44 :-: :-	Death - Death of its	10 \	YES NO 🔀
ine certificot should be files. 3 should be	ERTI	PRIMARY CONTRIBUTING		SCRIBE HOW INJURY OCCURRED.			10.)	
cer cer houl les. sho t, p	N.	CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Doy, Year		f inflicted gw	nshot wound CE OF INJURY (Home, for		own) (County)	(State)
EXAMINER: cute the certiage 4 should r yaur files. Poge 3 shou	MEDICAL	Hour o.m.	While		ory, street, office bldg., etc	1	, , , , , , , , , , , , , , , , , , , ,	, ,
L EXA cecute Page far yau 0R: Poga		9 3-28- 19 6 21. I certify that I taak charge			ome		wn. Washing	
AL exector. Poly far for Forespinate			causes				Inquiry, a	nd in my apinion
se escran		death resurred fram: Natural	conses [_	, Accident [_], Suic		L EXAMINER	ned manner [_]	
UTY MESTCAL EXAMINER: This irry, please execute the certificate, reral director. Page 4 should be full be retained for your files. IRAL DIRECTOR: Page 3 should be or its designated agent, prior to		ACTUAL SIGNATURE SE STU	1	the In		DICAL EXAMINER		22. DATE SIGNED
TY Y, F grall se r SAL		EXAMINER'S	4000	0		AL EXAMINER	3-30-6	7
ro DEPUTY MESTAL EXAM necessary, pleose execute the funeral directar. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health or its designated age		NAME (Type) D E W D	itto.	Jr.			Hagerstown	
necessa the fun 5 may 70 FUNEI Health	230	. BURIAL, CREMATION, 23b. DATE THER	OF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (Cit	ry or Town) (Cour	
F - + 3, P + 3		BUY1(grify) 3/31/6		Rose Hill C	emetery	Hagersto	wn Wash C	o Md
VP ATELIE (5)	24	FUNERAL DIRECTOR Andrew K. Coff	rstow	n Mappress Funeral Home	250. REC	'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNAT	URE
VR A15ME (5) 6M 1/66		MIGICALITY OOT	LASS COLL	T OTTO T OTT TO HO	DAPR	3 1967	Ochanda O	

CERTIFICATE OF DEATH 04308 the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Washington Washington after MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give neatest tawn)
Hagerstown c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) event within 72 hours 2 Weeks Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? .⊑ d. STREET ADDRESS GarlockMMemorial Home 714 George St YES NO X and campletely fi 3. NAME OF Middle 4. DATE First Year DECEASED OF DEATH KLINE 30 1967 MARY TRENE March 19 (Type ar print) IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Haurs White "emale in ahv March 1 1891 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & State, or fareign country) M.C. 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) Westminster Carroll Cd 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar removal, Valana McKane Jesse Fritz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no ar unknawn) (If yes give war ar dates af service Frisby S. Aline 714 George St Hagerstown Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit pourial, cremati PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO signed l Canditions, if any, which gave rise to immediate cause (a), DUE TO has been see as the better the priar taken stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) Dept. of OR CONTRIBUTING CAUSE OF DEATH r this certified detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. (City or town) (Caunty) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital anded the deceased fram 00 director, page 3 shauld shauld be filed with the and that death accurred at 5,00 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATUR 3/31/67 M.D. DIRECTOR 22d. ADDRESS Donald E. Martin, M.D. 418 N. Potomac St., Hagerstown, Md. 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) REMOVAL (Specify) Hagerstown Wash Co Md Rose Fill Cemetery Home 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

The law requires that the death certificate be executed within 24 haurs after death

ATTENDING PHYSICIAN:

TO HOSPITAL

DESCRIPTION OF THE PROPERTY OF DESCRIPTION OF THE PROPERTY OF August to send to a light to the send of t And the state of t and restrict the second MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY WEST VIRGINIA WASHINGTON MARYLAND delay with the Stote Department b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) MARTINSBURG HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 4 should be forworded to the Chief Medical Examiner's Office along with form Give Poges WASHINGTON COUNTY HOSPITAL NO VETERANS ADMINIST 3. NAME OF Middle DECEASED (Type ar print) DEATH S. SEX AGE (In years 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED last birthday) Manths WIDOWED DIVORCED 29 ond 2 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during mast of warking life, even if retired) INDUSTRY COUNTRY? ofter ENGINEER NEW YORK CITY HOSPITAL MAINT IISA pencil 14. MOTHER'S MAIDEN NAME This certificate should be executed within 13. FATHER'S NAME within 72 hours ABRAHAM LEIDMAN JENNIE RESNICK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service pending" 18. CAUSE OF DEATH (Enter only one cause per INTERVAL BETWEEN burial-tronsit event \ PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a writing the word DUE TO any Canditians, if any, which gave rise to immediate cause (a), _= DUE TO Ď. stating the underlying cause OS may be retained for your files. FUNERAL DIRECTOR: Page 3 shauld be used WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) cremation, or removal, PERFORMED? the certificate, 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Por CONTRIBUTING CAUSE OF DEATH. MEDICAL EXAMINER: 20c. TIME OF INJURY Manth, Day, Year Not While Page at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Accident Suicide the funeral director. death resulted from: Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, ar county) OR CREMATORY BURIAL CREMATION (County) 23d. LOCATION (City or Town) 50 REMOVAL (Specify) LONG ISLAND. NY BURIAL 3/19/67 24. FUNERAL DIRECTOR

SOL LEVINSON & BROS. INC., 6010 REIST., RD.

VR A15ME (5)

48 24 11670 - Frank Strand and Stranger William and P 23 2 2 the first seems to be a first transfer of the first seems to be a first seem to be a first A CAT DEL MATEUR THE PART OF THE PART OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04310

CERTIFICATE OF DEATH

04312

							CAST		
a. COUNTY	Washingtor	1 M		USUAL RESIDENCE (V a. STATE Ma:	Where deceased li	ved, if institut b. COUN	itv	before odmiss	
b. CITY OR TOWN (Hagerst	If outside carporate limits, d give nearest town)	c. LENGTH OF STA	Y IN 1b c.	Hagerst		mits, write RUI	RAL and give i	nearest tawn)	
	AL OR INSTITUTION (If not in	hospital, give street address)	d.	STREET ADDRESS				e. IS RES	
Washing	ton County	Hospita1		402 Lib	erty S	t.		YES	
NAME OF DECEASED (Type or print)	First Fred	Middle Lee	Lushba	lost augh	4. DATE OF DEATH	March	_		67
. SEX	6. COLOR OR RACE 7. I	MARRIED NEVER MARR		ATE OF BIRTH	9. AG	E (In years st birthday) yrs.	Manths I	YEAR IF UNO	R 24 HRS
male	white w	IDOWED DIVOR	CED 🔲 8	3-26-14	52	Yrs.	Maillis	7013	Will.
Da. USUAL OCCUPATION uring most of working Salesman	N (Give kind af wark dane life, even if retired) L	10b. KIND OF BUSINESS OR INOUSTRY beauty su	pp1y	BIRTHPLACE (County Hagerste				EN OF WHAT NTRY?	
3. FATHER'S NAME			14.	MOTHER'S MAIDEN N	NAME				
Fred L	ushbaugh			Maude Be	oward				
	R IN U.S. ARMED FORCES? (If yes give war ar dates of serv	16. SOCIAL SECURITY NO). 17. INFO	THAM		Addre	ess	200	
no	(ii yes give war ar aares or serv	214-09-7	998 Ju	ine Lushi	baugh	Hager	rstown	n, Md.	
1B. CAUSE OF DI PART I. DEA	EATH (Enter anly one cause pe TH WAS CAUSEO BY: IMMEDIATE CAUSE (a)							INTERVAL BE	
1/2/4		t dismostatly c	mbolisi	n with i	nfarct	10n		24 nr.	
Conditions if any	DUE TO								
Conditions, if any	, which gave) DUE TO (b) Core couse (o), DUE TO (T)	Chronic end						24 nr. defini	
rise to immediat stating the unde	, which gave) DUE TO (b) Core couse (o), DUE TO (T)								
rise to immediat stating the unde last.	, which gave) DUE TO (b) Core couse (o), DUE TO (T)	Chronic end Cailure	ocardit	is with	conge	stive			te
rise to immediat stating the under last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING	, which gave to couse (a), rlying cause (c) _ GNIFICANT CONDITIONS CONTR	Chronic end Cailure	ocardit	cis with	conge	PART 1(a)		lefini	te OPSY MED?
rise to immediat stating the under last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY Hour o., p. r.	Which gave the course (0), rlying cause (1), rlying cause of DEATH MEDICAL EXAMINER (1), unit of the cause of DEATH MEDICAL EXAMINER (1), unit of the cause of DEATH MEDICAL EXAMINER (1), recommendation (1), recommend	Ehronic end Failure BUTING TO DEATH BUT NOT 20b. DESCRIBE HOW INJURY 20d. INJURY OCCURREO While at work at work	OCCURRED. (Enter	ERMINAL DISEASE CON TO NOTUTE OF INJURY (Home, form treet, office bldg., etc.)	conge	PART 1(a) of item 1B.) by or town)	Ind	19. WAS AU PERFORM YES Ty)	OPSY NO (Stote)
rise to immediat stating the under last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJI Hour o.r.	Which gave to couse (a), rlying cause (b) Couse (c) and the couse	Chronic end Failure IBUTING TO DEATH BUT NOT II 20b. DESCRIBE HOW INJURY 20d. INJURY OCCURREO While atwark atwark	OCCURRED. (Enter	ERMINAL DISEASE CON r noture of injury in F INJURY (Home, form treet, office bldg., etc.)	CONGE	PART 1(a) of item 1B.) ty or town)	(Coun	19. WAS AU PERFORM YES Ty)	OPSY NO (Stote)
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rise to immediat stating the underlast. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUMENT OF	GNIFICANT CONDITIONS CONTR SUNDERLYING CONTR SUND	Chronic end Cailure IBUTING TO DEATH BUT NOT 20b. DESCRIBE HOW INJURY 20d. INJURY OCCURRED While at wark at wark 1) attended the decease 1967 23c. NAME OF CO	CCCURRED. (Enter OCCURRED. (Enter 20e. PLACE OF factory, sed from M.D. M.D.	ERMINAL DISEASE CON In noture of injury in F INJURY (Home, form treet, office bldg., etc.)	DITION GIVEN IN Port I or Part II or 20f. (Gi 55 M, fr MED. DIRECTOR 148 Wes 23d. LOCATIO	PART I(a) of item IB.) ty or town) Tarch am causes STAFF PHYS. The Was ON (City or Town)	(Coun 8, 19 6 and an the 22b. DAT 3/1 3/1 3/1 3/1	19. WAS AU PERSOR! YES Ty) 2.7 that (1) e date state E SIGNED 0/67 Con St county) Md.	te OPSY NO [(Stote) we) I d aba

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the fune all director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours ofter death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death
Page 4 may be retained by the hospital or attending physician Poge 4 may be retained by the hospital or attending physicion.

VR A15 (4) 20 M 1/66

31630 motion that you have a second of the second woller town the transfer for the first burner well at the first burner will be a first burner of the first The translation of the state of . bil (pro tersen) ti que accident e la companion de la compan . Die in interental angenagen eine bereiten in The state of the s 18 to the state of The mean of the second that the second of th

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04311			CERTIFICA	ATE OF DEA	HTA			0431	3
1. PLACE OF DEATH o. COUNTY	Washingto	n	MARYLANI	O STATE	IDENCE (Where		if institution: I b. COUNTY	Residence befor	ton
b. CITY OR TOWN (If write RURAL ond	outside corporate limit give nearest town)	,	c. LENGTH OF STAY IN 1b	c. CITY OR TO	WN (If outside of		, write RURAL o	and give neores	t town)
	Agerstow L OR INSTITUTION (If n gton Count	ot in hospitol, g		d. STREET ADD			u St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	F	rst ainia	Middle Catherine	lost Marti	4. [DATE	Month	Doy 25	Year
s. sex Gemale	6. COLOR OR RACE White		NEVER MARRIED DIVORCED	B. DATE OF BIRT	Н	9. AGE (I	n yeors IF	UNDER 1 YEAR Onths Doys	Hours M
100. USUAL OCCUPATION during most of working li	ife, even if retired)		nd of Business or Dustry Own Home		CE (County & Stote Stown, MAIDEN NAME		ntry)	12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME	Robert	E. Ruby			Grace f				
1S. WAS DECEASED EVER (Yes, no, or unknown)	IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16. 9		17. INFORMANT C. Edgar Ma			Address	St. Hag	Md
Conditions, if any, rise to immediate stating the under lost.	which gove couse (o),	10 (b) 10 (c)		and ino		र्व ।	Bros.	t 2	SET AND DEATH
PART II. OTHER SIG		CONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMINAL DI	SEASE CONDITIO	N GIVEN IN PAI	RT 1(o)		WAS AUTOPSY PERFORMED? NO
20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of	injury in Port 1	or Port II of ite	em 1B.)		
20c. TIME OF INJU Hour o.m	10	20d. IN While of work	Not White	PLACE OF INJURY (H foctory, street, office		ALC: NO.	r town)	(County)	(Stote
21. I certif	y that (1) Ohis ho ceased alive an	spital) attend	ded the deceased fram 24 1967, and	thot death occu	, 19 <u>></u> rred at 11,2		causes and	on the dat 22b. DATE SIGN	
22 PHYSICIAN'S NAME (Type)	M.E.	Bur	Kit	M.D. ATTENDING PHYS.	DIREC	TOR S	TAFF HYS		167
230. BURIAL, CREMATIO REMOVAL (Specify)	3/28		23c. NAME OF CEMETERY Rest Have	-		3d. LOCATION Hagers		(County Washi	(Stote)
24. FUNERAL DIRECTOR	When a.	Hone	ADDRESS		MAR 2 C	REGISTRAR	2Sb. REGIST	RAR'S SIGNATUI	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample fely Kiled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave capan papers. Pages I and shauld be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after deatheath.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL DECORDS DAITIMODE MADVIAND 21201

04312					OF DEATH		0	4314	N.
1. Place of DEATH o. COUNTY Washin	gton			YLAND	2. USUAL RESIDENCE (V Maryland	Wash	ing to	on .	
	f outside corporote limit I give neorest town) S TOWN		c. LENGTH OF STAY		c. CITY OR TOWN (If ou Ha	tside corporote limits gerstown		ond give neore	1-1 -119
	ton Count				d. STREET ADDRESS 351 Bre	ookline	Ave		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	FREDERICE	rst C M.	Middle ERLE	MAYH	UE Lost	DEATH		6 196 ⁷	19
s. sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE DIVORCE		oct 21 190		rthdoy) yrs.	IF UNDER 1 YEAR Months Doys	Hours Min.
loa. USUAL OCCUPATION during most of working Metal	(Give kind of work done lite even if retired) WOYKEY		ID OF BUSINESS OR OUSTRY Child	Cor		ro Wash		12. CITIZEN COUNTRY	OF WHAT
	ry W. Mayl				14. MOTHER'S MAIDEN N Amand	a E. Hoo	ver		
1S. WAS DECEASED EVE (Yes, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16. S 21	ocial security no. $7-32-618$		mes F. Ma	yhue Par	Address adise		ch Rd
18. CAUSE OF DI PART I. DEAI / G 2/ Conditions, if ony, rise to immediat stoting the under lost.	e couse (o),	(o) 33r TO (b)	(o), (b), ond (c).)	ind	Hagersto Carci	wn Md. F	4 6		ITERVAL BETWEEN NSET AND DEATH
PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PA	RT 1(o)		WAS AUTOPSY PERFORMED? YES NO
I (IF FITHER NOTIFY	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter noture of injury in I	Port I or Port II of ite	em 18.)		
Hour o.r	n. 19	While of work	JURY OCCURRED Not While of work	focto	E OF INJURY (Home, form ry, street, affice bldg., etc.)		r town)	(County)	(Stote)
saw the de 220. SIGNATURE 22c. PHYSICIAN'S	ty that (I) (this has becased alive on	March	ed the deceased 6 19 67,	framand that	22d. ADDRESS	7:05PM, fram	AFF HYS.	22b. DATE SIG	te stated aba
230. BURIAL, CREMATIC REMOVAL (Specify	3/9/	67	23c. NAME OF CEM Cedar I			23d. LOCATION Hagers	town	Wash	Co Md
24. FUNERAL DIRECTO Andrew		stown an Fun	Mdaddress eral Hom	ne In		BY REGISTRAR		STRAR'S SIGNATU	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior ta burial, cremation, or removal, and in any event, within 72 hours ofter bear Page 4 may be retained by the hospitol or ottending physician.

VR A15 (4) 25M 1/67

AT CALL STORY OF THE STORY OF T TOUT OIL OF ALL EGOPT. no normal male tall concern for any or track to be a The deal of the constant of th 11c . Anticten St., McGotton, Mo. AND AND THE PARTY OF THE PARTY TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furerot director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any every, within 72 haurs after death.

VR A15 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04313	CERTIFICATE	OF DEATH	043	315
1. PLACE OF DEATH a. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (V a. STATE MARYLAND	Vhere deceased lived, if institution: Res b. COUNTY WASHIN (
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	tside carparate limits, write RURAL and	give nearest tawn)
RURAL HANCOCK	LIFE	RURAL H	ANCOCK	21-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital,		d. STREET ADDRESS		e. IS RESIDENCE
RURAL HANCOCK		RURAL HA	ANCOCK	ON A FARM? YES X NO
3. NAME OF First DECEASED (Type or print) ALBERT	Middle WALLACE M	Last CCUSKER	4. DATE Manth OF DEATH MARCH	Day Year 8, 1967
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED K	B. DATE OF BIRTH	9. AGE (In years IF UN	
MALE WHITE WIDOWED	DIVORCED 1	/17/1900	67 ast birthday) Manth	as Days Haurs Min.
during mast af warking life, even if retired)	CIND OF BUSINESS OR NDUSTRY RMING			COUNTRY?
13. FATHER'S NAME	MIDA NO DE LA	14. MOTHER'S MAIDEN N	IAME	
JOHN WILLIAM MCCUSKER		NANCY VII	RGINIA BARNHAR	Γ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service)		NFORMANT	Address SKER RD. #1. 1	HANCOCK, MD
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause (c)	ryocard	ialin	farction	none
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE (ON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IE FITHER NOTICE MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in f	Part I ar Part II af item 1B.)	
20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19 while of twar	Nat While 🗂 fact	CE OF INJURY (Hame, farm ary, street, affice bldg., etc.)		(Caunty) (State)
21. I certify that (I) (this haspital) attended saw the deceased alive on 2	ded the deceased from 2 1962, and tha	2-20,1 t death accurred at		$9\frac{6}{100}$ / that (I) (we) last the date stated above
22a. SIGNATURE Rules Ru	iered M.	D. PHYS.	MED. STAFF DIRECTOR PHYS. D	DATE SIGNED 3 - 9 - 6 7
	lierer, M. D.	22d. ADDRESS 238 E		ncock, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR		23d. LOCATION (City ar Tawn)	(Caunty) (State)
24. FUNERAL DIRECTOR	ADDRESS M		BY REGISTRAR COLOREGISTRAR 1967	

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TRAHABAS A	INTOETA ACCVO	nexau	O MAIJJIW	SHOL.
	mas or sprog lanes well as		The Assessment	
the applical				
URAL HANGOCK KEN.				JA 151/2

m = 24 .

funeral hours after by the and 2 death. þ 24 .5 7 within Pages filled hours completely papers. 72 C carbon withi and certificate physician ove 949 rem and please attending and hen the 6 burial-transit 5 burial the PHYSICIAN: certificate hospital as 2 use prior jo After this Health defached ATTENDING be retained ō DIRECTOR: State Dept. 99 plnous may 3 director, page 3 HOSPITAL Page OH

MARYLAND STATE RTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY. b. COUNTY A MARYLAND TOWN (if outside corporete limits, TOWN outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY and give negrest town) in hospitel, give street eddress; d. STREET e. IS RESIDENCE ON A FARM? YES NO X NAME OF Middle Yeer DECEASED OF DEATH (Type or print) 19 6 6. COLOR OR RACE 7. MARRIED IF UNDER 24 HRS. NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR lest birthdey) Months Devs Hours WIDOWED V DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State) 12, CITIZEN OF WHAT COUNTRY of foreign country E MOTHER'S MAID WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address D.R. Beachley Sr. 227 N. Prospect St. Hagerstown. 213-16-0538 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 410 0 IMMEDIATE CAUSE (e) DUE TO

S. SEX 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired 13. FATHE (Yes, no, or unkown) | (If yes give we ror detes of service) Conditions, if eny, which geve rise to immediate causa DUE TO (e), steting the underlying ceuse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. 19 et work et work 19.6. that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 12 from the causes and on the date stated above. saw the deceased alive on Haure 22e. SIGNATURE DATE 22b. ATTENDING PHYS. DIRECTOR PHYS. M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Church Of Brethern Cemetery Beaver Creek, Washington, Md. ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR Chapel Hocerstown Md.

VR A15 (4) 20M 5-63

2 9 A STANDARD OF THE STANDARD SHOWS A STANDARD OF THE STANDARD SHOWS A STANDARD OF THE STANDARD SHOWS A STANDAR Extension receip Ministration was 10 Pott Millery Date of the state of the state of the state of 11 3- 11816 90 Know the my more who have the maybed as A Maryin Coletine Confere MUNING E Beachley 213-14-0538 13. 1. denother St. 27 N. Francock St. Francock a ligared the medicular basebook despect baseb, markettan, il.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

04315,	CERTIFICAT	E OF DEATH	043	16
D. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	o. STATE MARYL	here deceosed lived, if institution: Res AND b. COUNTY WA	ASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RUPAL and cave pegrest town) HAGER STOWN	C. LENGTH OF STAY IN 16	C. CITY OR TOWN (If out	side corporate limits, write RURAL and	give nearest town)
	1 7 11110	d. STREET ADDRESS		e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g WASHINGTON COUNTY HOSF		The state of the s	ST.	ON A FARM?
B. NAME OF First DECEASED MAD OAD STITE	Middle RUTH MCKIN	Lost	4. DATE Month OF 2	Day Year
(Type or print) MARGARETTA S. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	DEATH	DER 1 YEAR IF UNDER 24 HRS
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	5.26.1908	5 lest birthdoy) Mont	
	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County 8 HANCOCK		2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
JOHN W WHORTON		BEULAH PE	FARNHART	
(Vas no or unknown) (If was give were or dates of service)	social security No. 17. 20.26.0632	A HART MCK	INLEY W.MAIN S	MD. ST.HANCOCK
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. (c)	einom a of	Briast in	the Me fas Jases	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED). (Enter noture of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d. IN While ot work	Not While fo	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		(County) (Stote)
21. I certify that (I) (this hespital) attends saw the deceased alive on 3~ 18		at death accorded at		19 <i>61</i> , that (I) (we) la in the date stated abov
220. SIGNATURE W. W.	elty,	A.D. PHYS.	MED. STAFF 220	DATE SIGNED 67
22c. PHYSICIAN'S NAME (Type) Dalton M. Welty,	M.D. 3	22d. ADDRESS 998 Potor	nac Ave., Hagerst	own, Md.
	23c. NAME OF CEMETERY O	R (THE MATTERY	23d. LOCATION (City or Town)	10
230. BURIAL (REMATION, BURIAL (Specify) 3.21.67	MT .OLIVET		RURAL HANCOCI	140

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ASSESTANT MOSELTAL LENGTH SIL ST. INTROARETTA RUTH MONIBLEY ANALYSISTANT HARDEN SALES SA			
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TENTRE COMMITTEE STATE OF THE SECOND STATE OF			

FOR STATE HEALTH DEP TO DEPUTY NATICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with incident Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	04318

04	316	MEDIC	AL EXAMINER	'S CERT	IFICATE (OF DEATH	043	18
1. PLACE C	Washingt	ton	MARYLAND	e. STATE	Marylar	h COUR	ITV	sidence before edmissionington
write	R TOWN (if outside cor RURAL end give neerest Cerstown	porete limits,	D. O. A	Rura		eorporate limits, write	RURAL end	give neerest town)
d. NAME	OF HOSPITAL OR INST		tal D. O. A		Address		739	ON A FARM
3. NAME O DECEAS (Type or p	ED	First	Middle Hershey	Mille	Jr. d. DA			Day Year 17 1967
5. SEX Male	6. COLOR Whi		RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIR	0	9. AGE (In yeers last birthday)		Hours Min.
Busone	OCCUPATION (Give ki most of working life, ev ess Manager	en if retired)	KIND OF BUSINESS OR INDUS Lumber Co.	TRY 11. BIRTHPL	ACE (State or loreig	n country) yland		EN OF WHAT COUNTI
13. FATHER'	Raymond 1	H. Miller		Edi	s maiden name na Ankene;			
Yes, no, or u	world W	ar #2			Mt. on Miller	Tammonydress Williams		Md.
	RT I. DEATH WAS CAU	SED BY: CAUSE (e) Fra	cture Skull					INTERVAL BETWEEN ONSET AND DEATH Instant
gove rise	ns, If eny, which to immediate cause ing the underlying	DUE TO Fra	cture Cervical cture Right Fer	nur				
	_	T CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV	YEN IN PART 1	(e) 19. WAS AUTOPS PERFORMED? YES NO
	TERNAL CAUSE WAS TO OF CONTRIBUTING OF DEATH.		struck bridge			Pert II of item 18.)	1	
0	our 🖦	h, Dey, Yeer 20	d. INJURY OCCURRED 200. P		Home, farm, 20f.	(City or town)	(Count	,,
		charge of the ratural causes	emains described above,	icide	lomicide .	Undetermined m		and in my opinior
ACTUA		2011	itt	M.D. ASSIS	MEDICAL EXAMINE	AMINER [DATE SIGNED
EXAM!	(Type) Dr. E.	W. Ditt	o, JF.	Addre	Y MEDICAL EXAMIN iss (Street, city, town	n, or county) Hage	3-18-6 erstown	ı Md.
Buri		ch 20-67	Rosehill Co		Hag	cation (city, town cerstown Mo	1.	(State)
23. FUNERA	ert L. Lea	f William	apport, Md.		MAR 2 2	1967 24b. 815	ISTRAR'S SIGN	NATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04317

CERTIFICATE OF DEATH

04319

V/E	0.707	CERTIFICATE	OI DEAIII	したりょう
1.	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if o. STATE Maryland	institution: Residence before admission) o. (OUNT Washingto n
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, wr Hagerstown	ite RURAL ond give neorest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM
	Washington Cou		1030 Main Ave.	YES NO
L	NAME OF First DECEASED (Type or print) Danie1		DEATH	rch 28 167
	7.94		B. DATE OF BIRTH Sarch 26 1902 9. AGE (In year)	ears IF UNDER 1 YEAR IF UNDER 24 HRS day) Months Days Hours Min. yrs.
10 du	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) reman Cabnet Shop	10b. KIND OF BUSINESS OR NDUSTRY Organ Mfg.	11. BIRTHPLACE (County & State, or foreign country Keedysville Mar	COUNTRY
	FATHER'S NAME John F. Mo	ntgomery	14. MOTHER'S MAIDEN NAME Nannie F. Wad	е
(Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, ar unknawn) (If yes give wor or dates af se	rvice) 213-01-2401 17. I	Mrs. Grace Montgo	Mery, Hagerstown
	IB. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	The determine where the	ζ	INTERVAL BETWEEN ONSET AND DEATH SUGGEN
	Conditions, if any, which gave is a immediate cause (a),	acute pyeloneph	nritis	sev. days
	last. (c)			
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT Chronic nephro	RIBUTING TO DEATH BUT NOT RELATED TO TO SCIETOSIS & pyell	HE TERMINAL DISEASE CONDITION GIVEN IN PART Lonephritis; C.V.D.	Sclerotic PERFORMED? YES NO
MEDICAL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Part 1 ar Part 11 af item	18.)
MEDICA	p.m. 17	While at work at wark factor	CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	
	21. I certify that (I) (this haspite saw the deceased alive an	al) attended the deceased fram_arch 28,1967, and that	December, 190, ta Ma death accurred at 5 A M, from ca	
	22a. SIGNATURE	culibre M.C		
	22c. PHYSICIAN'S Howard N. NAME (Type)		22d. ADDRESS 580 Norther Hagerstown	
23	o. BURIAL, CREMATION, REMOVAL (Specify) 3-31-	1967 Smithsburg	Cemetery 23d Location (City Smiths)	ourg, Maryland
13	FUNERAL DIRECTOR	ADDRESS &	1740 2Sa. REC'D BY REGISTRAR 2	Sb. REGISTRAR'S SIGNATURE

TO SOME THE RESIDENCE AND ADDRESS OF THE PERSON FROM RESIDENCE. The sylvent and the sylvent of the sylvent Sanding the Property Manager and Arthur Dente Carron inn adversion interest Second California State absolute . His card to be out to day of the the state of the s Pigentaling with the Committee of the Co College and the second of the COLUMN TO THE PERSON OF THE PE the contract the state out the special track

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04318

CERTIFICATE OF DEATH

04320

					020	
	PLACE OF DEATH o. COUNTY				Where deceosed lived, if institution: Reside	
	Wasl	hington	MARYLAND	Maryland		
	b. CITY OR TOWN (I	If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporote limits, write RURAL and giv	ve neorest town)
	Hage.	rive pegrest town)	2 Weeks	Hager	rstown	2/1/
		AL OR INSTITUTION (If not in hos		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Washing	ton County H	ospital	l West	Wilson Blvd	YES NOZZZ
1	NAME OF DECEASED (Type or print)	NANNIE PEA	RL MOSER-LUSH	IBAUGH	4. DATE Month OF DEATH March 27	Doy Year 1967 19
	sex Female	6. COLOR OR RACE 7. MAR White WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Feby 15	9. AGE (In yeors IF UNDER Months Months	Doys Hours Min.
10o dur	. USUAL OCCUPATION ing most of working House		Ob. KIND OF BUSINESS OR OWN Home		& Stote, or foreign country) 12. Co	OUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN		
	Soule J	. Warrenfelt	Z	Clara	Palmer	
		R IN U.S. ARMED FORCES?		INFORMANT	Address	
N		(II Yes give wor or doles of service	220-46-6139 I	ester Lush	nbaugh 1 West Wi	lson Blvd
		EATH (Enter only one couse per li IH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), ond (c).) Coronary occlu	Hagers usion	stown Md.	INTERVAL BETWEEN
3	Conditions, if ony,	DUE 10	athrosclerotic	a hoart di	50350	vears
	rise to immediat	e couse (o),	aciiloscieloci	c neare ar	beabe	Jears
	stoting the under	rlying couse (c)				
TION	_		TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES X NO
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in	Port I or Port II of item 18.)	
MEDICAL	Hour o.r p.r	n. n. 19	While Not While of work of work	ACE OF INJURY (Home, forn ctory, street, office bldg., etc.		ounty) (Stote)
	21. I certi	fy that (I) (this haspital) cecased alive an Mar	attended the deceased fram_ch 26 19 67, and the	January, of death occurred at	19 <u>58</u> , ta <u>March</u> , 19 M, from causes and on	67, that (I) (we) last the dote stoted abave
	22o. SIGNATURE	Hours	17 Worklys M	ATTENDING PHYS.	AAFD CTAFF	DATE SIGNED /28/67
	22c. PHYSICIAN'S NAME (Type		Weeks, M.D.	22d. ADDRESS 5	80 Northern Ave	nue land
230	BURIAL, CREMATIC		23c. NAME OF CEMETERY OR Rest Haver		23d. toCation (City or Town) Hagerstown Was	(County) (Stote) Sh Co Md.
24	. FUNERAL DIRECTO	ew K. Coffma	n Md. ADDRESS n Funeral Home	2So. REC'	BY REGISTRAR 25b REGISTRAR'S 25b REGISTRAR'S	SIGNATURE

TO FUNERAL DIRECTOR: After this certificote has been signed by the attending physician and completely filled in by the fune of director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 20 M 1/66

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04319

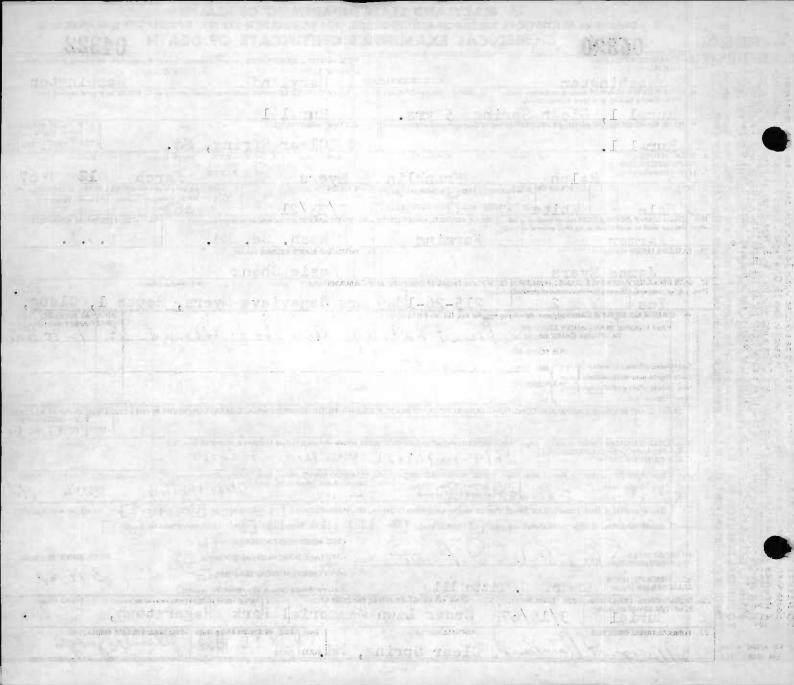
04321

		03012	CERTIFICATE	OF DEATH		04361
		PLACE OF DEATH		2. USUAL RESIDENCE (Whe	re deceosed lived, if institution	: Residence before odmission)
	0	WASHINGTO	N MARYLAND	MARYLAI	b. COUNTY	ASHINGTON
1	Ь	o. CITY OR TOWN (If outside corporate limits	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	le corporote limits, write RURAL	
	- 1	HAGERS TOWN	3 HRS	HANCOCK		21.1
ſ		I. NAME OF HOSPITAL OR INSTITUTION (If no		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1	A	SHINGTON COUNTY	HOSPITAL	RURAL 1		YES NO
		NAME OF Fir DECEASED		Lost 4	DATE Month	Doy Year
	(Type or print) CHA	RLES SIMMONS	MUNSON	DEATH 3	19 19 67
ı	S. S			B. DATE OF BIRTH		Months Doys Hours Min.
ŀ		M		ULY 8 1880	86 yrs.	
I	10a. durii	USUAL OCCUPATION (Give kind of work done ng mga of working life, even if retired)	10b. KIND DF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & St		12. CITIZEN OF WHAT COUNTRY?
ŀ				HANCOCK MA		COUNTRY?
l	13.	FATHER'S NAME	0.11	14. MOTHER'S MAIDEN NAM		
ŀ	10	JOHN W MUNS		PLESANT S		
١	(Yes	WAS DECEASED EVER IN U.S. ARMED FDRCES? s, no, psunknown) (If yes give wor or dates o	f service)	NFORMANT	Address	
F	_		1 110	RMAN R MUNS	SON RURAL 1	HANCOCK MD.
		 CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY: 		1 . 1		INTERVAL BETWEEN ONSET AND DEATH
1		465% IMMEDIATE CAUSE		injurce	un	8 hours
1		Conditions if any which save >	(b) Bulmonar	u emboli	sm	8 hours
		rise to immediate couse (a), [7		
1		stoting the underlying couse last.	(c)			
١	_		ONTRIBUTING TO DEATH BUT NOT RELATED, TO T	HE TERMINAL DISEASE CONDIT	IDN GIVEN IN PART 1(a)	19. WAS AUTDPSY
l	ATIO	1	way tract	infection	severe	PERFORMED? YES NO
		20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port	1 or Port II of item 18.)	
и.		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	min at a second			
l	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour' o.m.		E OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
ı	WE	p.m. 19	ot work U ot work U	ory, street, office bldg., etc.)		
١		21. I certify that (I) (this has	pital) attended the deceased fram 9 3 - 19 19 6 7, and that	190	ob to 3-19	_, 19_67, that (I) (we) las
l			3 - 19 19 67, and that	death accurred at 6	M, fram causes an	
I		220. SIGNATURE	Cours La	ATTENDING MEI	D. STAFF	22b. DATE SIGNED
		22c. PHYSICIAN'S TALE	Crusp had M.D. M.D.	201 ADDOCCC	ECTOR L PHYS. L	
1		NAME (Type) OS E	PH C.CRISP	580 hon	hern ave k	Lagerstown
-	23a	BURIAL, CREMATION, 23b. DATE THE	REOF 23c. NAME DF CEMETERY OR C		23d. LOCATION (City or Town)	
1		BUR (Specify) 3.23.		The state of the s	CURAL 1 WANC	(County)
1	24.	FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY	REGISTRAR 25b, REGIS	TRARS SIGNATURE
	K	toward & He	one Hancoca m	EL WAR 2	7 1967 / face	sees Just
	-			111111111111111111111111111111111111111	- 1/	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY e. STATE b. COUNTY O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any derey is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. O PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. Washington b. CITY OR TOWN III outside corporate limits, Maryland Washington MARYLAND e. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Rural Rural 1. Clear Spring 5 yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Clear Spring, YES NO Md. Rural First Middle 4. DATE Dey Yeer DECEASED OF (Type or print) DEATH 19 67 Ralph Franklin March Myers 6. COLOR OR RACE 7. MARRIED TANEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months WIDOWED DIVORCED 46 yrs. Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if rettred) U.S.A. Farming Wash. Co. Md. Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Myers Mazie Shank 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Md. (Yes, no, or unkown) | (Ifyes give war or detes of service) Mrs Genevieve Myers, Route 1, Clspg, 5-26-1849 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH trating gunskot wound PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (6) geve rise to Immediate ceuse DUE TO (e), steting the underlying eause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)] 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING quushot of chest CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ! Month, Dey, Year 20f. (City or town) (State) feetgry, street, office bldg., etc.) VY S HOUR Not While While Clear Spring UUSh. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide 4 Homicide Undetermined manner CHIEF MEDICAL EXAMINER . ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER -67 EXAMINER'S NAME (Type) Address (Street, city, town, or county) 228 BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stete) REMOVAL (Specify) Burial Cedar Lawn Memmorial Hark Md. Hagerstown, 246. REC'D BY REGISTRAR 246. REGISTRAB'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VR AISME Clear Spring.

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the 72 hours ofter deoth pages land 2 permit. File any event within burial-transit .⊆ 0 and i 00 used cremation, or removal, pe 3 should

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MEDICAL EXAMINER:

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4 should be farwarded to the Chief Medical please execute the certificate, FUNERAL DIRECTOR: Page Poge / buriol, funeral directar. prior Health may the 50 6M 1/67

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Washington o. STATE b. COUNTY Md. Wash. MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 15 years Hagerstown rura1 Hagerstown e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS RFD 6 Washington County Hospital YES NO X NAME OF Middle Last 4 DATE Month Day Year DECEASED OF JOHN FRANK PENNINGTON 8, 1967 March (Type or print) DEATH S SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours white male 3-24-1912 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)
plastics dept. INDUSTRY Jefferson Co., W.Va. aircraft mfg. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frank B. Pennington Emma V. Collis IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 32-28-2688 Mrs. Kathryn Pennington, Hag., Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line (or (o), (b), ond (o).) Ruptured berry aneurysm of left ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) racerebral hemorrhage of temporal lobe DUE TO Conditions, if ony, which gove insula on left side rise to immediate couse (o), DUE TO Massive subarachnoid hemorrhage 2ndary stoting the underlying couse hemorrhage into midbrain PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Coronary atherosclerosis with old myocardial infarction. Cardiac hypertrophy WAS AUTOPSY PERFORMED' CERTIFICATION YES L NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II af item 18.) PRIMARY Or CONTRIBUTING in drive way at home Struck Heed CAUSE OF DEATH 20d. INJURY OCCURRED 2 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (Stote) foctory, street, office blda., etc.) Not While Macgansville ot work of work - 1967 House 21. I certify that I taak charge of the remains described above, held an Autapsy [4] Inspection [7], Inquiry and in my apinian death resulted fram: Natural causes |X| Suicide [Accident Homicide Undetermined manner 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... DEPUTY MEDICAL EXAMINER EXAMINER'S DR Address (Street, city, town, or county) ST. HAG. 23d. LOCATION (City or Town) BURIAL CREMATION Shepherdstown, W. Va. 3-11-67 Elmwood Cemetery DAMAR 1 3 19 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATUR Minnich Funeral Home, Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY tely filled in by the fun-rbon papers. Pages 1 c Washington Maryland Washington MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside carparate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Hagerstown Hagerstown Ursa d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital 132 Dogwood Drive YES NO completely fi 3. NAME OF Middle Lost 4. DATE Doy DECEASED OF DEATH Mary March Hanes 14 (Type or print) signed by the ottending physician ond complet buriol-tronsit permit. Then pleose remove cor buriol, cremotion, or removal, ond in ony event. IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 9. AGE (In years SFX 7. MARRIED NEVER MARRIED birthdoy) Haurs Sept. 8. 1884 Temale X DIVORCED WIDOWED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Darrytown N. Y.

14. MOTHER'S MAIDEN NAME Home 13. FATHER'S NAME ottending phy permit. Then Dennis Bannon Catherine O'Connor Address Hagerstown Md. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknawn) (If yes give wor or dotes af service) Mrs. Margaret Reit 132 Dogwood Drive CAUSE OF DEATH (Enter only one cause per line for (o), NTERVAL BETWEEN (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise ta immediate couse (o), DUE TO stoting the underlying couse the prior to 00 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DISEASE CONDITION GIVEN IN PART 1(o) etached for use Dept. of Heolth p CERTIFICATION 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (Caunty) (State) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased from 1967. to director, page 3 should should be filed with the Wind 14 19 67, and that death accurred of 3/07/2M, fram couses and an the date stated abave. saw the deceased alive on. 22b. DATE SIGNED 220. SIGNATURE M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) 23b. DATE THEREOF (State) 23o. BURIAL, CREMATION Hagerstown, Washington, Md. REMOVAL (Specify) Rest Haven Cemetery 3/16/67 VR A15 (4) 20 M 1/66 Funeral Chapel Rest Haven Hagerstown. Md.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTIN NEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Washington Marvland Washington MARYLAND b. CITY OR TOWN (if outside corporate limits. a. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give nearest town) l dav Williamsport Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM 114 W. Salisbury Street Washington County Hospital retained YES NO A 3. NAME OF Middle 4. DATE Year DECEASED the (Typa or print) Alice Hoffman Poole March DEATH 67 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS last birthday) Female White April 10 1913 WIDOWED DIVORCED TO 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) " in pencil in Item 18. Give Pages 1 U.S.A Maryland Housewife Home pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in any Charles G. Poole Sadie Elizabeth Crowell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 138 WAddress Washington St. (Yas, no, or unkown) | (Ifyas give war or dates of service) Mr. David K. Poole Jr. Hagerstown. Md. **EXAMINER**: This certificate should be executed 18. CAUSE OF DEATH lEnter only one souse per line for (a), (b), and (c). INTERVAL BETWEEN or removal, burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, il any, which cremation "pending" gave rise to immediate cause m Medical Examiner's as (a), stating the underlying nsed TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CERTIFICATION uld be u burial, PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to burial. YES WINO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Hagerstown, Maryland. Address (Street, city, town, or county) 4-1-62 EXAMINER'S W. Ditto NAME (Typa) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Riverview Cemeterv Williamsport April 3-67 Maryland Burial 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VR AISME Albert L. Leaf Williamsport Maryland 5M 1/63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

e. IS RESIDENCE ON A FARM?

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1967

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19. WAS AUTOPSY PERFORMED?

(County)

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CERTIFICATE OF DEATH 04324 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence Decent Idmission) a. COUNTY b. COUNTY Washington Washington Marvland MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Hagerstown Hagerstown vears d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Washington County Hospital 909 Forest Drive 3 NAME OF First Middle last 4. DATE Month DECEASED Percy Joseph Potter March (Type or print) DEATH S SEX 6. COLOR OR RACE IF UNDER I YEAR 7. MARRIED XX B. DATE OF BIRTH AGE (In years NEVER MARRIED Sest birthday) 1-17-1879 male white WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ind blast mfg Stratford on Avon Eng. during most of working life, even if retired)
Vice president 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval) Frederick K. Potter Susan A. Rutter 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) ((If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 214-09-6087 Mary Potter Hagerstown. Md. cremation, CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Pulmonary embolism with infarction IMMEDIATE CAUSE (o) DUE TO Thrombosis right iliac vein Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause priar ta last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health r Arteriosclerotic heart disease with auricular fibrillations X TO A PORT HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH af (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. (2Dr. TIME OF INJURY Manth. Dov. Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour a.m. Not While foctory, street, affice bldg., etc.) State (at wark at work 21. I certify that (1) (this haspital) attended the deceased frant OD. 21 1907 to March 19 67 that 4 (we) last saw the deceased alive an March M, fram causes and an the date stated above. and that death accurred 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. STAFF 3/6/67 DIRECTOR PHYS. West Washington St. 22c. PHYSICIAN'S 22d. ADDRESS 148 B. Kneisley, M.D. NAME (Type) Hagerstown, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) b REMOVAL (Specify) 3-6-67 Rest Haven Cemetery Hagerstown, Md. 24 FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1967

Minnich Funeral Home Hagerstown, Md.

requires that the death certificate be executed within 24 haurs after death. by the funeral Pages Land ban papers. Page, within 72 haurs a campletely filled in pau please remave physician and attending phys permit. Then f permit. signed by the burial-transit p burial, crematic Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been the ATTENDING PHYSICIAN: The law SD USe far detached directar, page 3 shauld shauld be filed with the

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then, please remaye carban papers. Pages I and should be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in such within 72 haurs after deat Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEFARITHEIT OF STATES MARYLAND 21201 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04327 04325

	03050%	CERTIFICATE	OF DEATH	0204	
	PLACE OF DEATH o. COUNTY Washington	Hosp.	o. STATE Md		Cal.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16		corporote limits, write RURAL Land - Md	and give nearest town)
Г	d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospitol, give street oddress)	d. STREET ADDRESS	zuzu – m	e. IS RESIDENCE
	Western Maryland	State Hosp.			ON A FARM? YES NO
	NAME OF DECEASED (Type or print)		Reed	DATE Manth OF 3	Doy Year 27 1967
	MAIO II		5-3-1900		FUNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min.
10c dur	o. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
L	Dennis Reed			e Thomas	
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of servi	(ce) 218-12-9241 I	nformant Ionia Reed	Friendsh	nip AA. Co.
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).) Bulateral 201	bAR PNEUI	nonia	INTERVAL BETWEEN 2 ONSET AND DEATH
	332X DUE TO	1 7	hrom Bos		(1110000
	rise to immediate couse (a)	CEREBRAI	II KOPY BUS	1.2	4 TEAKS
	stoting the underlying couse lost. DUE TO (c)	ARTKERIOSCIERCE	osis, Gen4	RA	NOWN
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITIO	N GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNITERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I	or Port II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Yeor Hour'a.m. p.m. 19		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this haspital) saw the deceased glive an	attended the deceased fram	9-9,196	6, to 3-27	, 19 <u>67</u> , that (I) (we) last
	220. SIGNATURE	26 1907, and mai	death accourse at 3 =	- HM, Iram causes and	22b. DATE SIGNED
	Wayy &	mille M.D	ATTENDING MED. PHYS. DIRECT	TOR STAFF PHYS.	3-27-67
	22c. PHYSICIAN'S NAME (Type) NEVARDO L	AyzequillA.		INA. AUE. HA	gersTown, MD.
230	D. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 3-31-6	23c. NAME OF CEMETERY OR C		3d. LOCATION (City or Town)	
- 04	FUNERAL DIRECTOR	Mt.Hope Ch	. Cem.	Sunderland	
1 2	PALLETOR F STATE	la Practe Freder	250. REC'D BY F	1997 256. REGIST	TRAR'S SIGNATURE

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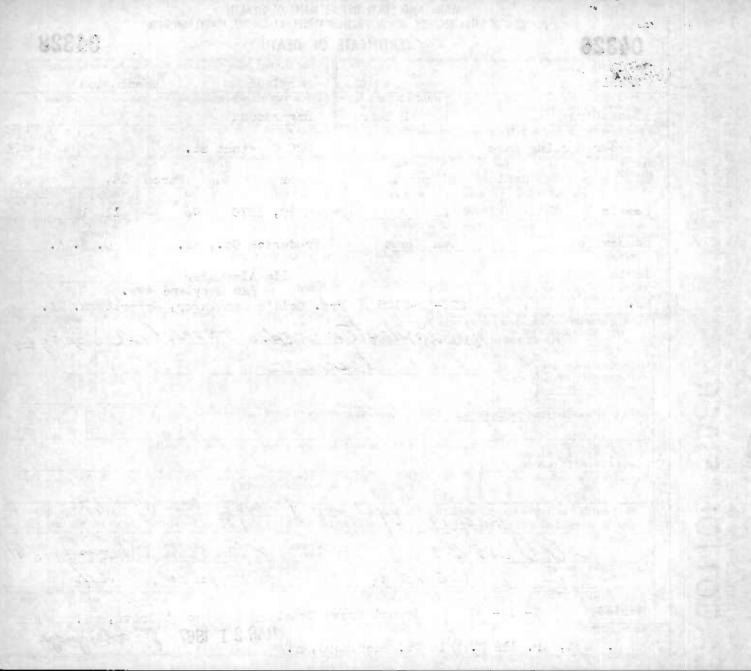
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PLACE OF DEATH o. COUNTY Washin			MARYLAN	ND I	2. USUAL RESIDENCE (W 0. STATE Maryland	/here deceose		tion: Residence NTY Shingte		ion)
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Boonsb	nd give neorest town)		2 Year	8	Hagerston	wn.		21-	/	
d. NAME OF HOSP	ITAL OR INSTITUTION (If n	ot in hospitol,	give street oddress)		d. STREET ADDRESS		·.		e. IS RES	FARM?
Reeder	Nursing Ho	me			620 Chest	tnut S	St.			NO X
3. NAME OF	F	irst	Middle		Lost	4. DATE	Mon	th	Doy Y	'ear
(Type or print)	Ann	ie I	Clizabeth		Reeder	OF DEATH	March	14,	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	3.	DATE OF BIRTH	9.	AGE (In years lost birthday)	Months 1	YEAR IF UND	ER 24 HRS.
Female	White	WIDOWED	DIVORCED [□ Ma	arch 29, 18	70	96 yrs.	11	15	14(1)1.
100. USUAL OCCUPATION	ON (Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (County &	Stote, or for	eign country)		IZEN OF WHAT JNTRY?	
during most of workin	10		wn Home		Frederick	Co.,	Md.		S. A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
Lewis S					Ella Al					
IS. WAS DECEASED EV	VER IN U.S. ARMED FORCES	of sarviso) 16.	SOCIAL SECURITY NO.	17. IN	FORMANT 72	26 Mar	yland Add	9 6 .		
No.	(If yes give wor or dotes	22	20-52-2108	Mr	s. Goldie H	Hennin	ger, Ha	gersto	wn. Md.	,
Conditions, if or rise to immediate stoting the undust. PART II. OTHER	ny, which gove ote couse (a), lerlying couse	(b) (TO	TO DEATH BUT NOT RELATE		IE TERMINAL DISEASE CON	DITION GIVE	N IN PART 1(o)		19. WAS AU PERFOR	TOPSY
100									YES	NO [
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY OCCU	RRED. (E	inter noture of injury in F	Port I or Port	II of item 18.)			
₩ Hour o	o.m. 19	While of wor	Not While at work	factor	OF INJURY (Home, form ry, street, affice bldg., etc.)		(City or town)	(Cou	nty)	(Stote)
21. I cert	tify that (I) (this ha deceased alive on_	spital) atten	tled the deceased fro	im de la	death accurred at,		, from causes	and an th	that (I) e date state	
22o. SIGNATUR	all	tella	en	M.D.		MED. DIRECTOR	STAFF PHYS.	- 18	TE SIGNED	1967
22c. PHYSICIAN NAME (Typ		0,4	eVan		22d. ADDRESS	ons	elow,	m	de	
230. BURIAL, CREMA		HEREOF 7- 67	23c. NAME OF CEMETER		REMATORY Te Cemetery		CATION (City or To		(County)	(Stote)
24. FUNERAL DIRECT	TOR		ADDRESS		25AA PECO	2 REGISTR	BC7 25b/28	FOISTRAR'S SI		- 1 - 1
John H	Root In 1	אז זה כן	nin Ct Poor	anh -	NO 3/6 DATE	411	301	CHE	mage	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Poge 4 may be retained by the hospitol or ottending physician.

VR A15 (4) 25M 1/67



EN: M	1		U4324 CERTIFICA	Ale of Death U4329	
funeral 1 and er deor	1		PLACE OF DEATH O. COUNTY Washington MARYLANI	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before o. STATE	re odmission)
g physician and campletely filled in by the funeral Then please remove carban papers. Pages I and maval, and in ny event, within 72 haurs after death		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown C. LENGTH OF STAY IN 1b 13 Hours	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neare: Hagerstown	st town)	
	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Washington County Hospital	d. STREET ADDRESS 231 South Locust St	e. IS RESIDENCE ON A FARM? YES NO	
letely f carban nt, with		(NAME OF First Middle DECEASED (Type or print) JOHN WILLIAM REMSBU		7 19
d camp			Male White WIDOWED DIVORCED	July 27 1886 9. AGE (In years IFUNDER 1 YEAR OF BOTTOM OF STREET O	Hours M
ician an and in		durii	. USUAL OCCUPATION (Give kind of work done in groups) of working line even if retired) Merchant Retired Lettined	The Teptace (County & Stote, or foreign country) Chewsville Wash Co Md COUNTRY:	
ending phys nit. Then p ar remaval,			Joseph H. Remsburg	Sarah E. Young	
attendir ermit. on, ar re		(Yes	was deceased ever in u.s. armed forces? s, no, or unknown) (If yes give wor or dotes of service) 219—14—9819		
an. by the att transit per cremation,			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) a luances	00	TERVAL BETWEEN NSET AND DEATH
physici signed burial- burial,			Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse last. DUE TO (b) DUE TO (c)	ion - Cacheere	
	2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED		. WAS AUTOPSY PERFORMED? YES NO
		MEDICAL CERTIFICATION	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Part I or Part II of item 18.)	
		MEDIC	Hour o.m. 19 47 While of work at work	le. PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.) Hasp, Mach	Stote
Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 shauld be chauld be filed with the State			21. I certify that (I) (this hospital) attended the deceased frame saw the deceased alive an 1967, and 220. SIGNATURE	that death occurred at P. M., fram causes and an the date of the d	
Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the			22c PHYSICIAN'S		67
Page 4 may O FUNERAL directar, po	/	230.	NAME (Type) A. M. MANDELL M. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETER)	O 19 E. CENTIE Tam SC RY OR CREMATORY 23d. LOCATION (City or Town) (County	y) (Stote)
/1	8		Burial 3/31/67 Rose Fill	Cemetery Hagerstown Wash Co	Md
VR A15 (4)	7		FUNERAL DIRECTOR Hagerstown Md. ADDRESS Andrew K. Coffman Funeral Home	Inc APR 3 1967 Vollandar U	udar.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

CESTO PERSONAL AND THE PROPERTY OF STATE OF SECTION AND ADDRESS OF THE PROPERTY OF STATE OF SECTION AND ADDRESS OF THE PROPERTY TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY. up brown to resemble the State of the state The same of the sa

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04328 CERTIFICATE OF DEATH

1. PLACE DF DEAT a. COUNTY	H		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before	admission)
u. 000itt1	Washington	MARYLAND	a. STATE b. COUNTY Washingto	
b. CITY OR TOV	VN (if outside corporate limit	ts, c. LENGTH OF STAY IN 15		
	and give nearest town)	l week	(Rural) Williamsport Md RFD #1 2/-/	
		ot in hospital, give street address		SIDENCE
	ngtonn County H		Downsvilde Pike	FARM?
3. NAME DF	First	Middle		ear
(Type or print)	Edith	Mav	Renner OF March 17 19	67
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8 OATE OF BIRTH 19 AGE (In years LIFUNDER 1 YEAR HEUNDI	
Female	White wit	DOWED DIVORCED	Oct. 4 1910 last birthday) Months Oays Hours 5 12	s Min.
10a. USUAL OCCUPA	TION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA	(T
Housewi		Home	Maryland U.S.A	
13. FATHER'S NAM		1.03.10	14. MOTHER'S MAIOEN NAME	
Charl	es Rickard		Rose Myers	
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INCOPMANT	
(Yes, no, or unkown)	(If yes give war or dates of service	2.7	Downsville Pike Md	ר ממס
			r. Willis Renner Williamsport Md.	
		e per line for (a), (b), and (c).]	2 Alternal & His Colonia INTERVAL B ONSET AND	DEATH
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	WICINUMA O.	TOUT NEW PARTER DI & KINDSIN !	94
174)	OUE TO	7		
Cenditions, If	any which \			
gave rise to				
cause (a), s	stating the			
		MEDIDITING TO DEATH DUT NOT DE	LATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A	VZQOTIL
PART IN OTHER PART IN OTHER 202. ACCIDENT OR CONTRIBUT (IF EITHER, NO	Allalam Disol	MA SECHA	YES	RMED?
20a. ACCIDENT	WAS UNDERLYING DEATH TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OC	CURREO. (Enter nature of Injury in Part I or Part II of Item 18.)	
	// //			
20c. TIME OF	INJURY Month, Day, Year	fac	LACE OF INJURY (Home, farm, 20f. (City or town) (County) tory, street, office bldg., etc.)	(State)
iii		While Not While at work		
		attended the deceased from_	6-6-60 19 to 2-1/- 1984, that (1)	(we) last
	eceased alive on 3-/		at death occurred at 1.002M, from the causes and on the date state	d above.
22a. SJENATU		1112	226 DATE SIGNED	
14/1	marked 11	WIL	I.D. PHYS. MED. STAFF DIRECTOR PHYS.	
226. PHYSICI			22d. ADDRESS	- 1 ×
NAME (1	(ype) E. R. LARD	IZABAL, M. D.	300 NORTH POTOMAC ST. HAGERSTOWN.	MD.
23a. BURIAL, CRE				State)
Burila	pecify)		122774	
		9-67 Greenlawn C	emetery Williamsport Maryland	
24. FUNERAL DIR		AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
Albert .	L. Leaf William	nsport, Md.	MAR 2 1 1967 Julianus Julianus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			CERTIFICA	ALL OF DEATH				O TO	TU	
. PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceosed live	ed, if institut	ion: Resider	ce before	odmissio	on)
o. COUNTY	CERON		MADVIANI	a. STATE		b. COUI	NTY			
b. CITY OR TOWN (If outs		Τ.	MARYLANI LENGTH OF STAY IN 1b	- That of Therest Ar	1.21	1 DAG		SHING		
write RURAL and give	neorest town)	· .	LENGTH OF STAT IN TO	c. CITY OR TOWN (If	outside corporate iim	its, write KU	KAL ond giv	e neorest	town)	
HAGERSTOW	N	MET LINE	43 YEARS	HAGERST	OWN			21-1	1	
d. NAME OF HOSPITAL OR	INSTITUTION (If not in	hospital, give s	street oddress)	d. STREET ADDRESS				e.	IS RESID	DENCE
WASHINGTON	COUNTY HOS	DTTTAT		136 N. POT	OMAC STOR	יחים		VE	ON A FA	NO K
NAME OF	First	FLIAL	Middle	Lost	4. DATE	Mon				
DECEASED					OF			Doy	Yea	- / -
(Type or print)	NORM		NMI	RIGGIN	DEATH	MAR		30	19	67
SEX 6. C	OLOR OR RACE 7.	MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years birthdoy)	IF UNDER Months	Dovs	Hours	24 HR
FEMALE	WHITE	WIDOWED	DIVORCED	OCT. 9 189	4 7	2 yrs.	J. Contras	20,3	110013	IN III.
. USUAL OCCUPATION (Give	kind of work done		F BUSINESS OR	11. BIRTHPLACE (Count		ountry)	12. CI	TIZEN OF V	WHAT	
ring most of working life, ex REGISTERED	ven if retired)	INDUST	EDICINE	FLINT HI	LL VIRGI	NTA	(0	U.S.	1	
. FATHER'S NAME	HOTOD	THE	POTOTING	14. MOTHER'S MAIDEN		TATTA		0.000	2.0	
IDDe 1	77 17 436737					727777				
EDW		1/ 5051	U SEGURITY NO. T	ALBEN		YNE				_
S. WAS DECEASED EVER IN U Yes, no, or unknown) ((If yes	.S. AKMED FUKCES?	rvice) 10. SUCIA	AL SECURITY NO.	17. INFORMANT		N. Por		_		
NO		216-	46_8891	WILLIAM C RI	GGIN HAG	ERSTO	WN MA	RYLAN	1D	
18. CAUSE OF DEATH	Enter only one couse p	per line for (o),	(b), ond (c).)						VAL BETV	
PART I. DEATH WA	IS CAUSED BY: IMMEDIATE CAUSE (o),		Cacheria	a & uremia				ONSE	T AND DI	EATH
				8 CC 11176176179						
15/X			VACHOAL	z. « uremis					- 1110	
(5/X) Conditions, if ony, which	DUE TO				sis		e e			s
Conditions, if ony, which rise to immediate cou	b gove) (b) se (o), (Dur To			a & bremia lized metasta	sis	1/3			6 mo	s *
Conditions, if ony, which rise to immediate court stating the underlying	DUE TO h gove se (o), cause DUE TO		Genera	lized metasta			3			S
Conditions, if ony, which is to immediate coustoing the underlying last.	b gove (b) (b) cause (c)		General Adenoce	lized metasta arcinoma of s	tomach			2	6 mos	5
Conditions, if ony, which rise to immediate coustaining the underlying last.	b gove (b) (b) cause (c)		General Adenoce	lized metasta	tomach	ART I(a)			6 _m os	S PSY
Conditions, if ony, which rise to immediate coustoting the underlying last.	b gove (b) (b) cause (c)		General Adenoce	lized metasta arcinoma of s	tomach	ART I(a)			6 mos	S PSY
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Conditions, if ony, which is to immediate coustoting the underlying last. PART II. OTHER SIGNIFIC 20a. ACCIDENT WAS UNDEO OR CONTRIBUTING CAIC (IF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY Medic 20c. SIGNATURE 21. I certify the saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	DUE TO (b) se (o), cause ANT CONDITIONS CONTI ERLYING USE OF DEATH AL EXAMINER) Honth, Day, Yeor none 19 at (1) (MIX NOS DIX ed alive an	20b. DESCRIB 20b. DESCRIB 20d. INJURY While of work Martended Mar 30	Adenoce Adenoce Adenoce Ann But not related BE HOW INJURY OCCUR NOTE OCCURRED Otwork And More And Adenoce The deceased from the de	RED. (Enter noture of injury in factory, street, office bldg., et none M.D. ATTENDING M.D. ATTENDING M.D. PHYS. 22d. ADDRESS 302 N.PC	tomach DIDITION GIVEN IN P Port I or Part II of m, 20f. (Gity) 19.61 , ta t.3 AM M, fran MED. DIRECTOR	or town) Mar 30 n causes STAFF PHYS.	0, 19_0 and an the 22b. D. 3/	unty) - 6.7, that he date ATE SIGNED 31/67	Gmo:	DPSY ED? NO State) Ica abav
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Conditions, if ony, which rise to immediate coustoting the underlying last. PART II. OTHER SIGNIFIC 20a. ACCIDENT WAS UNDEOR CONTRIBUTING CAN (IF EITHER, NOTIFY MEDIC) 20c. TIME OF INJURY Now Hour own. p.m. 2 21. I certify the saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	DUE TO th gove se (a), cause CANT CONDITIONS CONTI ERLYING Course USE OF DEATH AL EXAMINER) Contint, Day, Year Contint, Day, Cont	206. DESCRIB 206. INJURY While of work Attended There 30 JR. M.	Adenoce Adenoce ATH BUT NOT RELATED BE HOW INJURY OCCUR NOT While of twork of two	RED. (Enter noture of injury in PLACE OF INJURY (Home, for foctory, street, office bldg., et none Sept, that death accurred a ATTENDING PHYS. 22d. ADDRESS 302 N.PC OR CREMATORY N CEMETERY	tomach Port I or Part II of Port I or Part II of Tomach Port I or Part II of Tomach Port I or Part II of (City L) Port I or Part II of MED. DIRECTOR TOMAC ST.	or town) Mar 3(n causes STAFF PHYS. HAGER I (City or Town)	22b. D. 3/	version of the date of the dat	6 mo:	DPSY ED? State) Ic abar D

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral—director, page 3 should be detached far use os the burial-transit permit. Then please remave cochon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any match within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

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A WILLIAM	BACKER AND	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04330.

CERTIFICATE OF DEATH

04332

OF DEATH IY Washington		MADVI AND			ce before odmission)
OP TOWN (If autoide corporate limits		A CITY OR TOWN // au	wasning ton		
RUBAL and give negrest town) Hagerstown		11		a neorest rown)	
	in hospital, c				l e. IS RESIDENCE
			o-to	Apts	ON A FARM? YES NOTES
	st	Middle	Lost	4. DATE Month	Doy Year
ED MARY				OF March 3 19	
male White			Nov 7 187	O gsb birthdoy) Months	Doys Hours Min.
OCCUPATION (Give kind of work done of working life, even if retired)			11. BIRTHPLACE (County	& Stote, ar foreign country) Va 12. CI	TIZEN OF WHAT UNTRY?
	Ov	m Home			USA
CEASED EVER IN U.S. ARMED FORCES?	service) 16.				
) ' ' ' ' '		None Mr	s Mary Hel	en James Moller	Apts
AUSE OF DEATH (Enter anly one cour			Hagers	townb Md.	INTERVAL BETWEEN
IMMEDIATE CAUSE	(o) Co	rocestive her	wh for him		? SEVER I WEEKS
1/2//	10 (1.	Quince hour	- hours	6: 6 - 1.	unknown.
ions, if any, which gove		c) cicosciero ;	2		
	o				
	(c)				
1. OTHER SIGNIFICANT CONDITIONS CO					19. WAS AUTOPSY PERFORMED?
	Obst	me tive jaundi	cr - cause u	ukurure -	YES NO
CIDENT WAS UNDERLYING	20b. DF	SCRIBE HOW INTIDO OCCUPRED	-		
NTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)		SCRIBE HOW REDAY OCCURRED.	(Enter nature of injury in	Part I or Part II of item 18.)	
		NJURY OCCURRED 20e. PLA	(Enter nature of injury in ICE OF INJURY (Home, form tary, street, affice bldg., etc.)	, 20f. (City ar town) (Car	unty) (State)
HER, NOTIFY MEDICAL EXAMINER) IME OF INJURY Month, Doy, Yeor Hour a.m. p.m. 19	20d. IN While ot work	NJURY OCCURRED 20e. PLA Not While at work	CE OF INJURY (Home, form tary, street, affice bldg., etc.)	, 20f. (City ar tawn) (Car	
IER, NOTIFY MEDICAL EXAMINER) IME OF INJURY Month, Doy, Yeor Hour a.m. p.m. I certify that (I) (this hasp	20d. IN While of work	NJURY OCCURRED 20e. PLA Not While fact at wark deceased fram	CE OF INJURY (Home, form tary, street, affice bldg., etc.)	, 20f. (City ar town) (Car	7, that (I) (we) last
HER, NOTIFY MEDICAL EXAMINER) IME OF INJURY Month, Doy, Yeor Hour a.m. p.m. I certify that (I) (this hasp we the deceased alive on SIGNATURE	20d. In While of work	NJURY OCCURRED Not While fact at work ded the deceased fram_ 3-3-1967, and tha	CE OF INJURY (Home, form tary, street, affice bldg., etc.) 3 ~ 3 , 1 t death accurred at	967, to 3-3, 196 11 P. M, fram causes and an the	7, that (I) (we) last
HER, NOTIFY MEDICAL EXAMINER) IME OF INJURY Month, Doy, Yeor Hour a.m. p.m. I certify that (I) (this hasp we the deceased alive on SIGNATURE	20d. In While of work	NJURY OCCURRED Not While fact of work 20e. PLA fact	CE OF INJURY (Home, form tary, street, affice bldg., etc.) 3 - 3 , 1 t death accurred at. ATTENDING PHYS.	967, to 3-3, 196 11 P. M, fram causes and an the distribution of	that (I) (we) last he date stated abave. ATE SIGNED A-67
IME OF INJURY MONTH, Doy, Year Hour a.m. p.m. I certify that (I) (this hasp w the deceased alive on SIGNATURE	20d. In While of work	NJURY OCCURRED Not While fact at work ded the deceased fram_ 3-3-1967, and tha	CE OF INJURY (Home, form tary, street, affice bldg., etc.) 3 ~ 3 , 1 t death accurred at. ATTENDING PHYS. 22d. ADDRESS]	967, to 3-3, 196 11 P. M, fram causes and an the	T, that (I) (we) last the date stated abave. ATE SIGNED A-67
HER, NOTIFY MEDICAL EXAMINER) IME OF INJURY Month, Doy, Yeor Hour a.m. 19 I certify that (I) (this hasp with the deceased alive on	20d. In While of work of work of the community of the com	NJURY OCCURRED Not While fact of work ded the deceased fram	CE OF INJURY (Home, form tary, street, affice bldg., etc.) 3 - 3 , 1 t death accurred at. ATTENDING PHYS. 22d. ADDRESS 1	967, to 3-3, 196 11 P. M. fram causes and an the light of the light o	T, that (I) (we) last the date stated abave. ATE SIGNED A-67
HER, NOTIFY MEDICAL EXAMINER) IME OF INJURY Month, Doy, Yeor Hour a.m. p.m. 19 I certify that (I) (this hasp we the deceased alive on SIGNATURE JOHN H. PHYSICIAN'S NAME (Type)	20d. In While of work of the control	NJURY OCCURRED Not While foot at work ded the deceased fram 3-3-1967, and tha August M. M. M. M. M. M. M. M.	CE OF INJURY (Home, form tary, street, affice bldg., etc.) 3 - 3 , 1 t death accurred at. D. ATTENDING PHYS. 22d. ADDRESS 7	967, to 3-3, 196 11 P. M. fram causes and an the light of the light o	that (I) (we) last he date stated abave. ATE SIGNED A-C 7 (Caunty) (State)
TO CONTRACTOR OF THE PARTY OF T	Washington R TOWN (If autside carparate limits, RIBAL and give neprest town) Hagerstown OF HOSPITAL OR INSTITUTION (If not Nashington Couprint) Mary	Washington RIBAL and give negrest town) Hagerstown OF HOSPITAL OR INSTITUTION (If not in hospital, generated with the service) Mashington County F Mashington County F Mary AI Mary	Washington RIBAL and give neprest town) Hagerstown FIRST OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Washington County Hospital First Middle ALBERTA Washington Record of the component of t	Washington MARYLAND OF HOSPITAL OR INSTITUTION (If outside corporate limits, RIBAL and give negrest town) OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Washington County Hospital OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Washington County Hospital OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Washington County Hospital OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Washington County Hospital OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Washington County Hospital OF HASE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detoched for use os the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Heolth prior to burial, cremation, or removol, and in ony event (within, 72) haurs ofter death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 moy be retoined by the hospital or ottending physician.

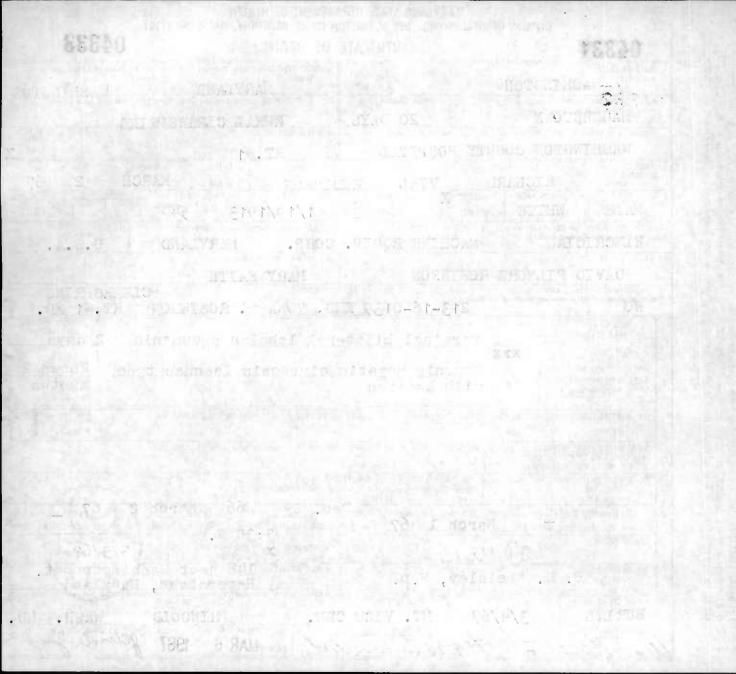
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	0433	I		CERTIFICA	ALE OF DEA	AIH		04	บบบ	
	PLACE OF DEATH O. COUNTY W.	ASHINGTON		MARYLANI	o. STATE	MARY	LAND	OUNTY	MCHTN	CTON
t	b. CITY OR TOWN (I	If autside corporate limit Laive nearest town)	ts,	c. LENGTH OF STAY IN 16		WN (If outside	corporate limits, write	RURAL and give	e nearest Town	WI OW
		AL OR INSTITUTION (If n	at in haspital, g		d. STREET ADD	DRESS	CHEROSE	111111	e. IS R	ESIDENCE
		INGTON CO	UNTY H	OSPITAL		RT.#1			YES [A FARM?
(NAME OF DECEASED (Type or print)	RICHA	RD	Middle VIRL]	ROBINSON		OF.	lanth RCH		Year 19 67
S. S	MA LE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRT	9/1913	9. AGE (In years last birthday) Manths	Days Hau	rs Min.
	. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR HINE EQUII			e, ar fareign cauntry) ARYLAND	12. CIT CQ	TIZEN OF WHAT	
13.	FATHER'S NAME	25.			14. MOTHER'S	MAIDEN NAME	H155/27/14			
	DAVI	ID FILMOR	E ROBI	NSON	MAI	RY FAI	TH			
IS. (Ye:	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service) 16. S		17. INFORMANT		A	CLEAR	SPRING	
NO	Canditions, if any, rise to immediat stating the under last. PART II. OTHER SI	, which gave e cause (0), rlying cause	TO wit	onic hepat h ascites						hs UTOPSY PRMED?
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of	injury in Part I	ar Part II of item 18.]		YES 🔀	NO [
MEDICAL	Hour 'a.r p.r	n. 19	While at work	Nat While at wark	. PLACE OF INJURY (He factory, street, affice	bldg., etc.)	20f. (City or town		unty)	(State)
	saw the de	fy that (I) (this hoseceased alive an_	spital) attend March	ed the deceased fran 1 1 1967, and	that death occur	, 19 00	M, fram cause	es and on th	he date sta	
	22a. SIGNATURE	BN	Mhe	ia	M.D. ATTENDING PHYS.	MED. DIREC		□ 3/3		
	22c. PHYSICIAN'S NAME (Type)	B. B. Kn	eisley		22d. ADDR	Hag	West Warerstown	Mary	ton S	τ.
230	BURIAL, CREMATIC		FREOF	23c. NAME OF CEMETERY MT • V IEV		2	R INGOLD	1	(County)	(State) MD •
24	FUNERAL DIRECTO	aswent.	Her	ADDRESS		DATE MAR	REGISTRAR 2Sb.	REGISTRAP'S S	IGNATURE JA	edge

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove corbon popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and the great, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Poge 4 moy be retoined by the hospitol or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04332

CERTIFICATE OF DEATH

04334

03008	CERTIFICATE	OTUUE OTUUE
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
o. COUNTY WASHINGTON	MARYLAND	a. STATE MARYLAND b. COUNTY WASHINGTON
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
write RURAL and give regrest town)	47 YRS.	HAGERSTOWN 2/-/
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital,	give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
15 CYPRESS STREET		15 CYPRESS STREET YES NO Z
3. NAME OF First DECEASED	Middle	Last 4. DATE Manth Day Year
(Type or print) JOHNNIE	McCULLEN	ROE OF MARCH 5 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED	E	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In years IF UNDER 1 YEAR IF UNDER 24 HRS IF UNDER 24 HRS IF UNDER 24 HRS IF UNDER 25 Haurs Min. IF UNDER 25 Haurs Min. IF UNDER 25 HAURS HAURS Min. IF UNDER 25 HAURS HAURS HAURS Min. IF UNDER 25 HAURS HA
MALE WHITE WIDOWED		EDRUARI 24, 1094 /) Yrs.
	AND OF BUSINESS OR NDUSTRY OOR MFG.	11. BIRTHPLACE (County & State, or foreign country) TALBOT CO., MARYLAND 12. CITIZEN OF WHAT COUNTRYS. A.
13. FATHER'S NAME	JOI 111 G 1	14. MOTHER'S MAIDEN NAME
JAMES A. ROE		CLARA STUPES
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT HAGERSTOWN direMARY LAND
(Yes, no or unknown) (If yes give wor or dates af service) 21	14-09-5886 MR	S. RUTH ROE 15 CYPRESS STREET
1B. CAUSE OF DEATH (Enter only one cause per line for	r (a), (b), and (c).)	A INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ute coronar	y occlusion ONSET AND DEATH
4201 DUE TO	. , , (
Canditians, if any, which gave inse ta immediate cause (a).	denune con	many ordery disease years
stating the underlying cause DUE TO		
last. (c)	enerolyed on	lendelissue years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	//	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 Dialetta mell	litue	YES NO
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.)
20c. TIME OF INJURY Manth, Day, Year Hour or.m. 19 Of wal	Nat While facto	E OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty) (State) ary, street, affice bldg., etc.)
21. I certify that (1) (this haspital) atten	ded the deceased fram/	death accurred al D M, fram causes and an the date stated above
saw the deceased alive on 21 Fe	by 1967, and that	death accurred at M, fram causes and an the date stated above
220. SIGNATURE	M.D	ATTENDING MED. STAFF 22b. DATE SIGNED 3/7/1967
22c. PHYSICIAN'S NAME (Type) JOHN C. STAUFFEF	R M.D.	22d. ADDRESS 145 S. PROSPECT ST. HAGERSTOWN, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY . 23d. LOCATION (City or Town) (County) (State)
BURYAY (Specify) MARCH 8,1967	ROSE HILL CE	METERY HAGERSTOWN, MARYLAND
24. FUNERAL DIRECTOR	ADDRESS	25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
CHARLES M. ROUZER HAGERS	STOWN. MARYLAND	DAMAR 1 0 1967 filiarles Judge

7 leath. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificote be executed within 24 hours ofter death. Page 4 may be retained by the hospitol or ottending physicion. funerol **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. I should be filed with the State Dept. of Health priar ta burial, cremation, or removal, ond in only event, within 72 hours.

VR A15 (4) 25M 1/67

SWPIE NOW BY THE REPORT OF THE PARTY OF THE A SECURE OF THE MILE VILLE AND THE RESERVE AND THE PERSON OF THE PERSON NAMED AND DESCRIPTIONS THE ROLL OF THE PARTY OF THE PA PROPERTY AND DESCRIPTION OF THE PROPERTY AND PROPERTY AND THE PROPERTY AND CREATE M. LOUIS M. MARTINE MARTINE MARKET LANGUAGE MARKET
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	shington	MARYLAND	a. STATE	CE (Where deceased lived, If Is b. COU	nstitution: Residence before admission) JNTY Washington
b. CITY OR TOWN write RURAL Williams	(if outside corporate limits and give nearest town) port		c. CITY OR TOWN (III	foutside corporate limits, w	vrite RURAL and give nearest town)
	sport Sanitariu	The second secon		Elizabeth Stre	ON A FARM?
3. NAME OF DECEASED (Type or print)	First Ros i e	Middle May	Last Romesburg	4. DATE Mon	4
5. SEX Female	6. COLOR OR RACE 7. MAR WIOO	RIEO NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 18,189		IF UNOER 1 YEAR IF UNOER 24 HR\$.
	ng life, even If retired) duties	Ob. KINO OF BUSINESS OR INOUSTRY Home		county & State, or foreign count Valley, Marylan	COUNTRY?
	Marshall		Mary Belle		
	VER IN U.S. ARMED FORCES? (If yes give war or dates of service) NO	16. SOCIAL SECURITY NO. 17.	Melvin E. As	Addr shton-Martinsb	ess urg, West Virginia
Conditions, if a gave rise to cause (a), st underlying cause PART II. OTHER S 20a. ACCIOENT OR CONTRIBUTION (IF EITHER, NOT	Immediate ating the DUE TO	Circlois of	ateo TO THE TERMINAL	DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO
20a. ACCIOENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING 20 NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URREO. (Enter nature o	f Injury in Part I or Part II	of Item 18.)
ZOC. TIME OF I Hour a.n p.n	1.	Not While Not While at work	ACE OF INJURY (Home, fory, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
	eased alive on the seased alive of the seased		D. ATTENDING D. PHYS. 22d. AOORESS	MEO. OIRECTOR PHYS.	s and on the date stated above. 22b. OATE SIGNED
Burial 24. FUNERAL DIRE	ation, 23b. Oate thereofolds 3-5-1967 ctor ward uneral Home	Rosedale Cem ADDRESS Magtinsburg, W. N	etery 25a. RE	C'D BY REGISTRAR 25b.	Berkeley W. Va.

VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04334	CERTIFICATE	OF DEATH	U!	4336
1. PLACE OF DEATH		2. USUAL RESIDENCE (W	There deceased lived, if institution: Resid	1/
Washington	MARYLAND	Maryland	d Washingto	n
b. CITY OR TOWN (If outside carporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side carparote limits, write RURAL and g	ive nearest tawn)
write RURAL and give negrest town) Hagers town	3 Mos	Hagers	town 2	1-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hasp		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Western Maryland St	tate Hosp.	418 Fremo	ont St	YES NO 🔀
3. NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print) Margare		KOSS	DEATH MARCH	
S. SEX 6. COLOR OR RACE 7. MAR	RRIEDX NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE lost birthday) Manths	
Female White wind		June 20,191	7 49 YIS.	
	IDB. KIND OF BUSINESS OR		J 17 2 000	CITIZEN OF WHAT
during most of warking life, even if retired) HOUSEWITE	Own Home		0 0000000000	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Calvin Holida		Clara C.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, qp, ar unknown) (If yes give wor or dates of service)	Total Second Sec	INFORMANT	Address	0.1
NO	None Le		oss 418 Fremont	
1B. CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY:			stown Md.	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	carcinoma o	fockulx		TYEAR
DUE TO				
Canditians, if ony, which gave (b)				
stating the underlying cause DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT PELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT KEESTED TO	THE TERMINAL DISEASE CON	DITION ONE IN TAKE 1(0)	PERFORMED?
S 20g. ACCIDENT WAS UNDERLYING □ 2	Ob. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in F	Part I or Port II of item 18.)	113 00 110
OR CONTRIBUTING CAUSE OF DEATH	OU. PERKINE HOW HOOK! OCCORNED.	(Line) Hereite et allery at		
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o.m.	20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form	, 20f. (City or town) (Caunty) (State)
Hour o.m.	While Not While fac	tary, street, office bldg., etc.)		
21. 1 certify that (I) (this hospital)	atwark LJ atwark LJ	1-16-69 1	967 to 3-1 1	9 6 7 . thot (1) (440) lc
saw the deceased olive an 2	-28 1967, and the	ot death occurred at	1 A M, from causes and an	the date stated above
22a. SIGNATURE				DATE SIGNED
Vietor L.	Ramas, M		DIRECTOR L. PHYS. 20 /7/	ach 1,1967
22c. PHYSICIAN'S NAME (Type) VICTOR 1	. Ramos, mo.		estekn md. State, man	
23g. BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
REMOVAL (Specify) 3/4/67	Rose Hill	Cemeterv	Hagerstown Wa	sh Co Mdo
24. FUNERAL DIRECTOR Hagerst	DDRESS		BY REGISTRAR 2Sb. REGISTRAR'S	S SIGNATURE

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave-carban papers. Pages I and shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event within 72 haurs after deat Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

36640 18530 Makaare 446 Coss makell 1 10 616115 M CC+611 11:5 Cf 688617 the section of the state of the section of the sect 2-28 LET STREET STREET AL TONION LA VIOLENCE DE LE Thethe & lames, coesus of the holy live Harristan , wary land Vierge L. Kames, mid.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04335	CERTIFICATE	OF DEATH		0/227
1. PLACE OF DEATH a. COUNTY Washington Co.	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Penna	ere deceased lived, if institution b. COUNT	
b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 1b		de carparate limits, write RURA	
rural—Hagerstown		Chambersb	ourg 17201	75-3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pitol, give street address)	d. STREET ADDRESS 236 Lincol	n Way East	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle	Last	4. DATE Manth	Day Year
OFCEASED (Type or print) Dr. Lewis	Н•	Seaton	OF March	21st. 1967
S. SEX 6. COLOR OR RACE 7. MAR White WIDO	THE THE MARKET L	ov.30th. 188	last hirthday)	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Lewis M. Seat	on	Julia	Stacy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes na, ar unknawn) (If yes give war ar dates af service) 1st W. War		·Lewis H. Sea		McDade Court od Md20855
IB. CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO	0		1 3 1	INTERVAL BETWEEN ONSET, AND DEATH 3 CC + S 2 + 1 - S 2 + 1 - S 2 + 1 - S
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU		1 .		19. WAS AUTOPSY PERFORMED? YES NO P
OR CONTRIBUTING CAUSE OF DEATH	Artaridicler 05. DESCRIBE HOW INJURY OCCURRED. (rt I or Part II af item 1B.)	114 115 110 12
₽ Hour o.m.		E OF INJURY (Hame, farm, ary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this hespital) a saw the deceased alive an Merc		death accurred of 5	30 M, from causes o	\perp , 19.6.7, that (I) (we) land an the date stoted above
220. SIGNATURE	In M.D		ED. STAFF IRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) L/O y d A	HOFFmer	22d. ADDRESS 214 N. P.	t. st. Hegi	orstown, md.
23a. BURIAL, CREMATION, REMOVAL (Specify) 3/23/1967	23c. NAME OF CEMETERY OR C	~	23d. LOCATION (City of Town	, , , , , , , , , , , , , , , , , , , ,
24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D B		ISTRAR'S SIGNATURE
Sellers Funeral Home C	hambersburg Penn	a. MAR 2	3 1967 gcu	arles Judge

17201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond campletely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours offer death. Poge 4 may be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

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annes I purchased once Internal agailed

Compared to the second day by the contract of
. The state of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(M)		04336	7		CERTIFIC	ATE OF	DEATH	
fun Total		D. COUNTY W SI	nington		MARYLAN		STATE PLANTE	
y the f Pages urs ofte		o. CITY OR TOWN (If	outside corporate limit	s,	c. LENGTH OF STAY IN 18	c. CIT	Y OR TOWN (If a	
urs Pa		Hagers	give neorest town)	4-1-	15 Hrs		Hag	ers
ho ho		d. NAME OF HOSPITA	L OR INSTITUTION (If n	ot in hospital, giv	e street address)	d. ST	REET ADDRESS	
nin 24 hours a filled in by th papers. Pag thin 72 hours o		Washi	ngtom Cou	inty Ho	spital		Salem	Ch
executed within and completely fi remove carbon part, with		NAME OF DECEASED (Type or print)	SAMUEL	rst CALVI	Middle N SECF	RIST	Last	4. D
omplete ve carl event,	S.		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		OF BIRTH	
Necu nove ny ev	M	ale	White	WIDOWED 2		Ju	Ly 28 1	.880
idn and to	10a dur	USUAL OCCUPATION on most of working limits arm	Give kind af wark dane e, even if retired) Ex		of BUSINESS OR		ylvan E	y & State
fico ysic al,	13.	FATHER'S NAME					NOTHER'S MAIDEN	
th certification in the second remover	1	Abrah	am Secris	st			Susan 2	Zimn
attending permit. T	1S. (Ye	WAS DECEASED EVER s, no. or unknown) (NO	IN U.S. ARMED FORCES? If yes give war or dates	of service) 16. SC	cial security no. Tone	Davi	-	ecri
physician. physician. signed by the burial-transit burial, cremot			cause (a),	(a) TO (b)	Exterior	Papo	card	R
AN: The law ratending all or attending icate has been for use as the Health prior to	2		NIFICANT CONDITIONS		DEATH BUT NOT RELATE	D TO THE TER	MINAL DISEASE CO	NOITION
the har not	SATIO	Jasi	ro-m	lestin	al Glee	ding	v - (RU
vspital or certificate hed for us of Heolius.	CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCU	RRED. (Epifor r	noture af injury in	Part I
JING PHYSIC by the hospin fer this certi be detached State Dept. of	MEDICAL	20c. TIME OF INJUI Hour a.m	10	20d. INJ While at work	Not While		NJURY (Hame, far et, affice bldg., etc	
DDING 1 by 1 After 1 be (21. I certify	that (1) (this has		d the deceased fra	m	3-7,	196
R: A			ceased alive an_				h accurred a	176
OR ATTER be retoine DIRECTOR: ge 3 should led with th		22a. SIGNATURE	Thurs	The so	110		TENDING IYS.	MED. DIRECT
ERAL DI may be ERAL DI or, page of be filed		22c. PHYSICIAN'S / NAME (Type)	THRI	uno	RIEG	0 2	2d. ADDRESS	v.
TO HOSPITAI Page 4 may TO FUNERAL director, po should be fi	230	BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE TH	FREOF	23c. NAME OF CEMETER Lutheren			23
7-7	20	FUNERAL DIRECTOR	- TT	own Md	ADDRESS	-	25g 850	D.BY R

04338

0.3101025				
1. PLACE OF DEATH			here deceased lived, if institution: Residence	ce befare odmissian)
o. COUNTY Washington	MARYLAND	Waryland	d Washington	
b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside carparate limits, write RURAL and give	nearest tawn)
write RURAL ond give neorest town) Hagerstown	15 Hrs	Hage	erstown R#6	21-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	nital give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Washington County			Church Road	ON A FARM? YES ZEZE NO
3. NAME OF DECEASED (Type or print) SAMUEL CA	ALVIN SECRIS	ST Last	4. DATE Month OF March 8 19	
S. SEX 6. COLOR OR RACE 7. MAI Male White WID	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 28 18	9. AGE (In yeors IF UNDER) gast birthday) yrs. Manths	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR Retired	Sylvan F:	State, ar fareign country) ranklin Co Pa.	UNTRY SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Abraham Secrist		Susan Z	immerman	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates at service	16. SOCIAL SECURITY NO. 17. None De	INFORMANT	cristHagerstowh	Md R #2
No 1	Mone De	avid i. be	CIID allageib de Ma	
18. CAUSE OF DEATH (Enter only one couse per I PART 1. DEATH WAS CAUSED BY:	ine for (a)) (b), and (c).)	24-1	- Admit	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	acute 1/4	jocarai	al oxyancum	24 11715.
4201 DUE TO	Pot (d)	1 -0 -	1 1 4 10	- 41
Conditions, if ony, which gove) (b)	Trengel	levolec	peace process	nos Ky
rise to immediate cause (a), stating the underlying cause DUE TO				33
last. (c)				7
PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Planter - Inter	tinal Gleeds	na - C	ruse not know	YES NO
≅ 20a. ACCIDENT WAS UNDERLYING □	206. DESCRIBE HOW INJURY OCCURRED.	(Epter noture of injury in I	Part I ar Part II af item 1B.)	7 =
OR CONTRIBUTING CAUSE OF DEATH				
20c. TIME OF INJURY Month, Day, Year Hour a.m.		CE OF INJURY (Hame, farm		unty) (State)
Hour a.m. p.m. 19	While at work at wark	tary, street, affice bldg., etc.)		
21. I certify that (1) (this haspital)		3-71	96/ to 7 -8 196	that (I) (we) last
saw the deceased alive an	1967, and tha	t death accurred at	7 H ZM, fram causes and an th	ne date stated abave.
22a. SIGNATURE	1 : 21	/	11 Am 22b. DA	ATE SIGNED /
The seed The	DAULT MI	D. PHYS.	MED." DIRECTOR D STAFF PHYS. D 9	18/69
22c. PHYSICIAN'S AME (Type)	DR15-60	22d. ADDRESS	1). Wash ten	SE.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CDEMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
PRIVAL (Specify) 3/11/67	Lutheren C			(Caunty) (State) in Co Pa
24. FUNERAL DIRECTOR Hagers to WIL	Md. ADDRESS	Inc MAR	BY REGISTRAR 256 REGISTRAR'S S	IGNATURE
Andrew K. Coffman	Funeral Home	DATE	1 0 1301 June	Ludge

VR A15 (4) 25M 1/67

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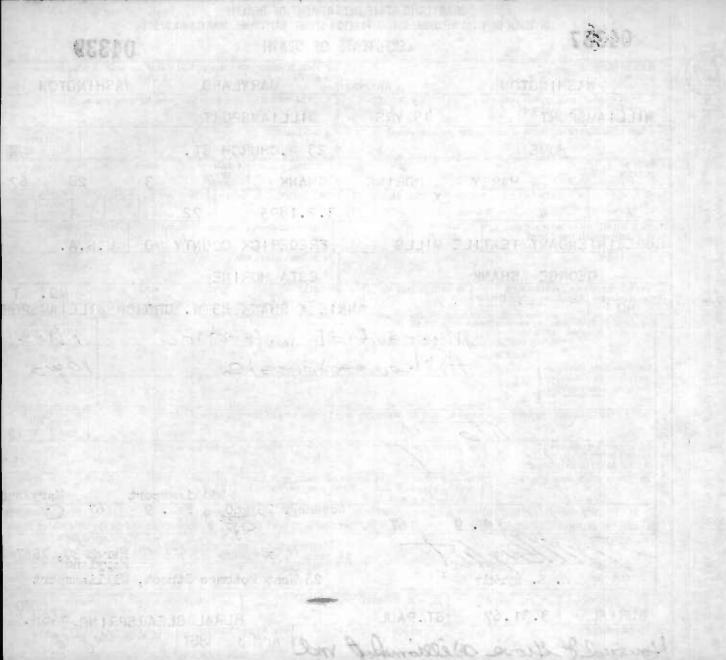
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0300			CERTIFICATE	OF DEATH		0.4	339	
	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceosed live	ed, if institution: Res	idence before odmiss	ion)
	o. COUNTY W	ASHINGTO	V	MARYLAND	o. STATE MAR	YLAND	b. COUNTINA	SHINGTON	1
		outside corporate limi	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporote lim	its, write RURAL ond	give neorest town)	
	WILL AM	SPORT		45 YRS	WILLIAM	SPORT		21-1	
-	d. NAME OF HOSPITA	L OR INSTITUTION (If r	ot in hospitol, g	ve street oddress)	d. STREET ADDRESS			e. IS RES	IDENCE FARM?
		HOME			23 W.CHU	RCH ST.		YES 🗌	NO X
	NAME OF DECEASED		irst	Middle	Last	4. DATE OF	Manth		ear
- 1	Type or print)	H	ARRY	HORINE	SHANK	DEATH	3	28 19	
S. :	SEX	6. COLOR OR RACE	7. MARRIED		B. DATE OF BIRTH		(In years IF UN birthday) Mont		ER 24 HRS.
	М	W	WIDOWED	DIVORCED	3.2.1895	1 72	yrs.		
		(Give kind of work done te even if retired)		ID OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign c	ountry) 12	2. CITIZEN OF WHAT COUNTRY?	
	UPERINT	ENDANT' TI	EXTILE	MILLS	FREDERIC		Y MD	U.S.A.	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN				
			HANK		ESTA HO	RINE			
	s, no, or unknown)	IN U.S. ARMED FORCES? If yes give wor or dotes			NFORMANT		Address	MD.	. T
	NO			ANN	IE A SHAN	K 23 W.	CHURCH	WILLIAN	<u>ISPOR</u>
		ATH (Enter only one co H WAS CAUSED BY:	10	^	11 . (1 /2		ONSET AND	
	4201	IMMEDIATE CAUSE	(-)	yocavale	- wat	DNC 1.16	u	1 Vi	
	Conditions, if ony,		10	Harris	alama,	22		10m	-
	rise to immediate	couse (o),	(b)	N. Oce Var	HEVOS			100	2
	stoting the under	ying couse	(c)						
	PART II. OTHER SIG	NIFICANT CONDITIONS		D DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)	19. WAS AU	TOPSY
NO I			11/2					PERFOR:	MED?
FIG	20o. ACCIDENT WAS	UNDERLYING.	20b. DES	CRIBE HOW JAHORY OCCURRED.	(Enter noture of injury in	Part I or Part II af	item 18.)		
EE I	OR CONTRIBUTING E (IF EITHER, NOTIFY A	CAUSE OF DEATH							
WEDICAL	20c. TIME OF INJU	RY Month, Doy, Year			CE OF INJURY (Home, form		or town)	(County)	(Stote)
ME	Hour o.m	10	While at work		ory, street, affice bldg., etc.	Willi	.emsport	Mar	ryland
	21. I certif	y that (1) (this ha	spital) attend	ed the deceased fram_N	lovember 25	960 ta 1	'eb. 9	19. <u>67</u> , that (1)	(we) last
	saw the de	ceased alive an_	Feb. 9	19 <u>67</u> , and that	death accurred at	53 M, fra		n the date state	d abave.
	220. SIGNATURE	2011	1	-	ATTENDING	MED.	CTACC	DATE SIGNED	0/8
	and the same of th	11100	alle	/ M.C	PHYS. 22d. ADDRESS	DIRECTOR L	PHYS.	arch 30, I	1901
	22c. PHYSICIAN'S NAME (Type)	M. E. By	rkit			otomac S		illiamspor	ct
230	. BURIAL, CREMATIO			23c. NAME OF CEMETERY OR			N (City or Town)		
230	REMOVAL (Spacify)	3.31		ST.PAUL			. , , , , ,		(Stole)
24	FUNERAL DIRECTOR		.01	ADDRESS	2Sq. RECT	D BY REGISTRAR	CLEAR SP	RIGITURE	217.

1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after again Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conspicted filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

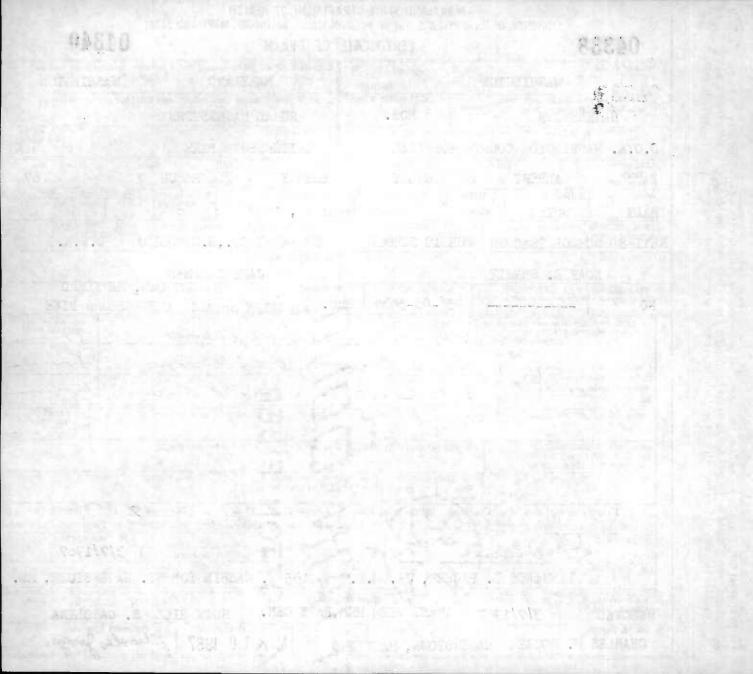
VR A15 (4) 25M 1/67 04338 CE OF DEATH

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04340

PLACE OF I O. COUNTY		WASHINGTO	ON	MÀRYLA	ND		Where deceosed lived, if institution BYLAND b. COUNTY	Residence WAS			n)
b. CITY OR	TOWN (If outside	corporote limits,		c. LENGTH OF STAY IN		c. CITY OR TOWN (If or	utside corparote limits, write RURAL	ond give	nearest t	own)	
write RL	RAL and give no HAGERST	orest town)		3 Mos.		RURAL	HAGERSTOWN		21-	1	
d. NAME OF	HOSPITAL OR IN	ISTITUTION (If not in	n hospitol, g	ive street oddress)		d. STREET ADDRESS			e.	IS RESID ON A FA	ENCE
D.O.A	. WASHI	NGTON COU	JNTY H	OSPITAL		LEITERSE	BURG PIKE		YES		NO K
3. NAME OF DECEASED (Type or pri	nt)	First ALBERT		Middle BERLEY		Last SHEALY	4. DATE Month OF MARCH 7		Day	Yeo	57
S. SEX	6. COL	OR OR RACE 7	. MARRIED	NEVER MARRIED		B. OATE OF BIRTH	lact hirthday) A	F UNDER 1 Y		F UNDER Hours	_
MALE	W	HITE	WIDOWED	DIVORCED		IAY 20, 1900) 66 yrs.	notitins	DOA2	nous	Min.
100. USUAL OCC during most of RETTRE	UPATION (Give ki working lite, even DSCHOO	nd of work done Lif retired) L TEACHEF	R PUE	ND OF BUSINESS OR SUSING SCHOOL			& Stote, or foreign country) CO., S. CAROLINA		EN OF W		1
13. FATHER'S						14. MOTHER'S MAIDEN	NAME				
		E. SHEAL	Y			J.	INE CHAPMAN				
15. WAS DECEA	(SED EVER IN U.S.	ARMED FORCES? ve wor or dotes of se		OCIAL SECURITY NO.		NFORMANT	HAGERSTOWN				
				56-03-5034	MR	S. KATHERIN	E SHEALY LEITER	RSBUR	G PI	KE	
1B. CAUS	E OF DEATH (En	ter anly ane cause	1 .	/	.,	11	11 1			AND D	
I AN		MEDIATE CAUSE (o)	-	entru	la	a five	Matin		5-		
Condition	s, if ony, which o	DUE TO	//.	2 . d P		R	elimi-		T	~	
rise to im	mediote couse e underlying co	(o), DUE TO	1.	fun	1,1	tie /te	and Deser		Un	16	
	THED CLOSUEICAN) (c)					DIDITION OFFICE IN DART 1/ 3		T10 W	AS AUTO	DCV
200. ACCID OR CONTRI	THEK SIGNIFICAN	II CONDITIONS CON					NDITION GIVEN IN PART 1(o)		YES	RFORME	D? NO
I (IF EITHEK,	ENT WAS UNDERL BUTING CAUSE NOTIFY MEDICAL	OF DEATH	20b. OES	SCRIBE HOW INJURY OCCU	JRRED. (Enter noture of injury in	Port I or Part II of item 18.)				
20c. TIME	20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. p.m. 19 20d. INJURY OCCURRED While of work of work 20d. INJURY OCCURRED OF wor										
21. saw	certify that	(I) (this hospit	al) attend	led the deceased fro	am d that	March 3 , I death accurred at	967, ta March 9 12;30M, fram causes an	, 19 <u>6</u> d an the	that date	(I) (v stated	ve) la abav
22o. SIGI	NATURE L	Reven	w	Pack	Mø	ATTENDING PHYS.	ATTENDING MED. STAFF 22b. DATE SIGNED 3/7/1967				
22c. PHY NAA	SICIAN'S NE (Type) LA	WRENCE L	. PAC	KER, JR. M.	D.	145 W.	WASHINGTON ST.	HAGER	STO	W,	MD.
230. BURIAL, C	REMATION, (Specify)	23b. DATE THERE 3/7/19		23c. NAME OF CEMETER RAND VIEW			23d. LOCATION (City or Town) ROCK HILL S	. CAR	ounty)		ote)
24. FUNERAL				ADDRESS	11/6		D BY REGISTRAR 2Sb. REGIS	TRAR'S SIG	NATURE		- 17
CHAF	LES M.	ROUZER	HAGER	STOWN. MARY	T.AN	D IMAR	1 0 1967 Rollo	rees	Jud	se.	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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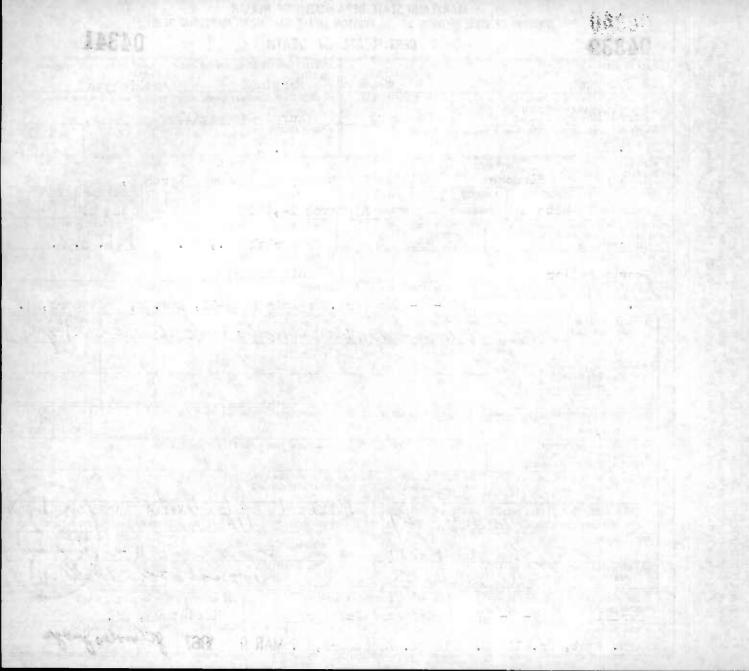
CERTIFICATE OF DEATH

04341

	ACE OF DEATH : COUNTY Washington		MARYLAND	2. USUAL RESIDENCE (a. STATE Maryla	Where deceased lived, if instit b. (O	UNTY	ore admission)
	CITY OR TOWN (If outside of	arparate limits,	c. LENGTH OF STAY IN 1b		utside carparate limits, write R	shington URAL and give near	est tawn)
	write RURAL and give near Rural Keedys		26 Years	Rural	Keedysville	21	-/
d.	NAME OF HOSPITAL OR INST	ITUTION (If nat in ha	spital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Rfd. 1			Rfd. 1			YES NO X
D	AME OF ECEASED ype or print)	First Blanche	Middle Estelle	Shelby	4. DATE Mo OF DEATH Marc		19 67
S. SI	Female Whi		ARRIED NEVER MARRIED DIVORCED I	8. DATE OF BIRTH March 14,19	9. AGE (In years last birthday) 00 yrs.	Manths Days	Haurs Min.
10a. I durin	USUAL OCCUPATION (Give kind g most of working life, even if Housewife	af wark dane retired)	10b. KIND OF BUSINESS OR INDUSTRY Own Home		& State, ar fareign country)	12. CITIZEN (COUNTRY U • S	?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN			
	George Halle			Lola You			
1S. (Yes,	WAS DECEASED EVER IN U.S. AR no, ar unknawn) (If yes give	MED FORCES? war ar dates af service	e V	INFORMANT s.Virginia I	Add Hutzell, Rfd.	lress 2. Boons	boro.Md.
	rise ta immediate cause (c stating the <u>underlying caus</u> <u>last.</u> PART II. OTHER SIGNIFICANT	Se (c)	uting to death but not related to	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19	P. WAS AUTOPSY PERFORMED?
CATIO							YES NO
CERT	20a. ACCIDENT WAS UNDERLYII OR CONTRIBUTING □ CAUSE O (IF EITHER, NOTIFY MEDICAL EX	F DEATH	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Part I ar Part II af item 18.)		
MEDICAL	20c. TIME OF INJURY Manth Haur'a.m. p.m.	, Day, Year 19	20d. INJURY OCCURRED While Nat While at wark for at wark	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.	17 4 /	(County)	(State)
	21. I certify that (l) (this hospitol) olive on <i>NAME</i>	ottended the deceased from	at death occurred of	11 M, from causes	, 19 <u>6</u> /, 1 s and on the do	thot (I) (we) las ote stoted obove
	22a. SIGNATURE	1. W.	Le Van	.D. ATTENDING PHYS.	MEDSTAFF DIRECTOR PHYS.	22b. DATE SIG	J. 1967
	22c. PHYSICIAN'S NAME (Type)	3-W.L	revan	22d. ADDRESS	oonsbore	e was	duyter
23a.		23b. DATE THEREOF	23c. NAME OF CEMETERY OF		23d. LOCATION (City or 1		ty) (State)
0.4	REMOVAL (Specify) Burial	3-8-6			Middletown		UDC
	FUNERAL DIRECTOR	7 770	ADDRESS		M	REGISTRAR'S SIGNATI	udge.
Jo	hn H. Bast,	Jr. 112 N	. Main St. Boonsb	oro, Md DMAR	9 1967 /	liares &	mage.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then pleose remove extending popers. Pages 1 and should be filed with the Stote Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 haurs after beath Page 4 moy be retained by the hospitol or attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04340

CERTIFICATE OF DEATH

	- 40 .20								
	ACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resider o. STATE aryland Carroll	nce before admission					
b.	CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	re nenrest town)					
	write RURAL and give negrest town)	4 Yrs	Sykesville	01-0					
d.	NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	e. IS RESIDENCE					
	Coffman Home for		Springfield State Hosp.	ON A FARM?					
3. NA	AME OF First	Middle	Lost 4. DATE Manth	Doy Year					
DE (Ty	PECEASED Print) ELSIE	MAY SHIPP	OF March 18 1	967 19					
S. SE	1 7 - 117 - 1	110.00	B. DATE OF BIRTH 9. AGE (In yeors lost birthday) 1 yrs. 9. AGE (In yeors Months)	Doys Hours Min.					
	USUAL OCCUPATION (Give kind of work done gmost of working life, even if retired) HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY HOSpital		TIZEN OF WHAT DUNTRY? USA					
13. F	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	Cyrus J. Shipp		Mary Blair						
1S. V (Yes,	WAS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) (If yes give wor or dotes of serv	16. SOCIAL SECURITY NO. 17. III	NFORMANT Address rs Marie Heyworth 66 West	Side Ave					
C	IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nise to immediate couse (o), stating the underlying couse ost. (c)	line for (o), (b), ond (c).) Acute Coronary Occ Atherosclerotic he		Unknown					
ATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRI</u>	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO					
CERT.	200. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Part II of item 1B.)						
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 19 p.m. 19	While Not While of work of work	ory, street, office bldg., etc.)	ounty) (Stote)					
	21. I certify that (I) (this hospital) attended the deceased fram Mar. 18, 19 67, to Mar. 18, 19 67, that (I) (We) last saw the deceased alive on Aftendance 19, and that death accurred at 11:55 M, fram causes and on the dote stated above.								
	220. SIGNATURE	men In P M.	PATS. WINKLION W PATS. W	ate signed 1967					
	22c. PHYSICIAN'S NAME(Type) William T. I	ayman, M.D.	22d. ADDRESS 100 Professional Arts Bldg,	Hagerstown,					
	BURIAL, CREMATION, PEMOVALIS SPECIFY) 3/22/67	23c. NAME OF CEMETERY OR Rose Hill		(County) (State) h Co Md					
24.	FUNERAL DIRECTOR Hagerst Andrew K. Coliman	own Md ADDRESS Home In	n.c MAR 2 2 1967 Clark						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tarerof director, page 3 should be detached for use as the burial-transit permit. Then please remove torbon popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in only event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retoined by the hospital or attending physician.

VR A15 (4) 25M 1/67

The state of the state of

04341 CERTIFICATE OF DEATH death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

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5 (4) 1/65

VR AI5 20M 1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04342

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Resi	dence before admission)
Washington MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLANO c. LENGTH OF STAY IN 1b	Maryland Washing	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL an	d give nearest town)
Hagerstown Life	RFD 1. Clear Spring	21-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Washington County Hospital	RFD 1, Clear Spring	YES NOT
3. NAME OF First Middle DECEASED	Last 4. OATE Month	Oay Year
(Type or print) James Allen S	Shirley DEATH March	5th. 187
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 V last birthday) Months Da	YEAR IF UNDER 24 HRS. ays Hours Min.
Male White WIOOWED DIVORCED	Fab 72 67 Vrs. 1	ורכ
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITT	ZEN OF WHAT
during most of working life, even if retired) INOUSTRY		NTRY?
13. FATHER'S NAME	Wash. Co. Maryland US	SA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mary Ellen Hull Address	
(Yes, no, or unkown) (If yes give war or dates of service)	III ORMAIT	
	Edwin T. Shirley	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 0 .	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Completed New	ent deseaso	210000
7545 OUE TO 00 1		
Conditions, If any, which) (b) Aronchopeline	a Angel	20000
gave rise to Immediate		1
underlying equal lead	THE RESIDENCE CONTRACTOR AND ADDRESS OF	V
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
[] [] 10 PO 11 1	1	YES NO
200 ACCIDENT WAS TRUBENTING TO JOHN DESCRIPTION MAINTY COM	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.)	LES - NO -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 208. ACCIDENT WAS PROBERLYING TO DEATH BUT NOT RELA OR CONTRIBUTING TO DEATH BUT NOT RELA 208. ACCIDENT WAS PROBERLYING TO DEATH BUT NOT RELA OR CONTRIBUTIONS OR CO	IRRED. (Enter nature of injury in Part 1 of Part 11 of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Count	y) (State)
Mille - Hot wille -	ry, street, office bldg., etc.)	
	2/13/ 10/2 : 2/5/ 10/2	Shot (I) frank look
21. I certify that (i) (this hospital) attended the deceased from		that (I) (we) last
saw the deceased alive on 3/4/19.67, and that	t death occurred at SAM, from the causes and on the	E SIGNED
1 / VIA 15 ma	ATTENDING TO MED STAFF - 3/6	165
22c. PHYSICIAN'S M.O). PHYS. OIRECTOR PHYS.	10/
NAME (Type)	ZZU. ADDRESS	
		(01010)
23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY		
Burial March 7 67 Ponk Hood	Wash. Co. Mary	Land
24. FUNERAL DIRECTOR ADDRESS 110 40	25a. REC'D BY REGISTRAR 25b REGISTRAR'S	IGNATURE
Conald (/ humbur Clear Sp:	ring, Mai.	

¥, 4 with a wind the last the last the last the salatan THE PARTY OF STREET BRUITTE ALL MENT The state of the s Section of the second section is a second section. The same of the sa TO VE PERSON AND THE STATE OF T CALL STATE OF THE To the state of th

	043	42		1	CERTIFIC	CATE OF				0434	2
	a. COUNTY	WA	SHINGTO		MARYLA	a. S	TATE MAR	Where deceased live	b. COUN	WASH:	ine admissian) INGTON
	b. CITY OR	OWN (If outsi	de corparate limit SPORT	s,	c. LENGTH OF STAY IN 3 YRS.	lb c. CITY	OR TOWN (If a	utside carparate lim	ts, write RUR	AL and give nea	irest tawn)
			INSTITUTION (If no CHURCH		give street address) INC •	d. STR	309 S.	MULBER	RY S	r.	e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED (Type or pri		ANNA	rst	MAY Middle	SIC	Last LER	4. DATE OF DEATH	MAR(21 19 67
0.	FEM		OLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		O/28/1		(In years birthday) yrs.	Manths Day	AR IF UNDER 24 HRS. ys Haurs Min.
1	0a. USUAL OCC	JPATION (Give	kind af wark dane en if retired)	10b. K	ND OF BUSINESS OR HOME	11. B1	MARYI	& State, ar fareign (ountry)	12. CITIZEN COUNTR	OF WHAT
		AAC R	EYNOLDS					NAME EBECCA			
	IS. WAS DECE (Yes, na, or unl NO	SED EVER IN U. nawn) (If yes	S. ARMED FORCES? give war ar dates o	of convice)	SOCIAL SECURITY NO. 20-52-210	17. INFORMA 9J1 MF	NT VERN	ION R. S	Addre:	SHAGER	STOWN MD.
	rise to im stating th last.	, if any, which mediate caus e underlying	DUE i gave ie (o), cause DUE	10 (b) <u>Sen</u> 10 (c)	ertensive C, ility TO DEATH BUT NOT RELATI						ONSET AND DEATH AT YEARS 19. WAS AUTOPSY
TOTACITA	5	ENT WAS UNDE			SCRIBE HOW INJURY OCCU						PERFORMED? YES NO X
A	OR CONTR (IF EITHER,	BUTING (CAU NOTIFY MEDICA	ISE OF DEATH AL EXAMINER)							(5	(54-4-)
10011	WED	laur 'a.m. p.m.	anth, Day, Year 19	While at war	k A Nat While at work	factory, stree	JURY (Home, farn t, affice bldg., etc.)	or tawn)	(Caunty)	*
	21. I certify that (I) (this hospital) attended the deceased from 11-2- , 19 61, ta 3-21- , 19 67, that (I) (we) la saw the deceased alive an 2-27- 19 67, and that death accurred at 7 13-34, fram causes and an the date stated above									that (I) (we) la: late stated abav	
	22a. SIGN 22c. PHY NAM	RP Cos	r. E. W.	u G Ditto	Lew Ditt	M.D. PHY	d. ADDRESS	MED. DIRECTOR ton St.,	STAFF PHYS. Hager	22b. DATE SI 3-22	- 67
1	3a. BURIAL, C	REMATION,	23b. DATE THI	EREOF	23c. NAME OF CEMETE	RY OR CREMATO	RY .	23d. LOCATION	(City or Tov	vn) (Cou	inty) (State)
	24. FUNERAL	RTAL	3/2	3/67	CAVETOW	N REFO		URCH C	AVETO	WN WA	ASH. MD

NUTTER LIBERT TO SEATOR OF THE HOMEROUS CHURCH BOIL, TWO. APARTIC STREET, SANDER STREET, SANDERS STREET, . HOLD CANDERS OF THE CONTROL OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0303	U	MILDI	CAL LAAMINE	1/ 3 (CERTIFICATE O	DLAII		DA.	344	
1. PLACE OF DEATH					2. USUAL RESIDENCE (W	Vhere decease	d lived, if institu	rtian: Residenc	e before admis	sign)
a. COUNTY Washing	rton		MARYLA	ND	o. SIATE Maryland		b. (01	hingto	n	
	(If outside carparate limits	,	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If au					
write RURAL o	nd give nearest town)		Life	ŀ	Boonsbor	0			21-1	
	ITAL OR INSTITUTION (If no	t in haspital, ai			d. STREET ADDRESS	0			e. IS RE	
15 Your					15 Young	Arra.			YES	FARM?
3. NAME OF	Fir	st.	Middle	1	Lost	4. DATE	Ma	nth	Day	Year
DECEASED (Type or print)	Guy	Wilbur	5	mit	h	OF DEATH	March	17.	1	9 67
S. SEX	6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH		AGE (In years	IF UNDER 1		DER 24 HRS.
Male	White	WIDOWED	DIVORCED	HI.	Dec. 22, 19	00	lost birthday)	Manths	Days Hour 25	s Min.
	ON (Give kind of wark dane		ID OF BUSINESS OR		11. BIRTHPLACE (State				IZEN OF WHAT	
during most of working	ng life, even if retired) letal Worker		ustry ireraft		Boonsboro	Ma			JNTRY?	
13. FATHER'S NAME	ecal Molker		TICISTC		14. MOTHER'S MAIDEN N			10.	13 · 13 ·	
Donivar	C. Smith				Martha E.	Tenol	e			
IS WAS DECEASED E	VER IN ILS ARMED FORCES?	16. S	OCIAL SECURITY NO.	17. 11	FORMANT	and po a		"Bretow	m, Md.	
(Yes, no, or unknown	(If yes give war ar dates o	f service)	0-05-6807	Mr	s. Myrtle E	Smit.				
	DEATH (Enter only one cau								INTERVAL E	
	TATH WAS CALISED BY.		nary Throm	noei	c		1	Tew mir	ONSET AND) DEATH
420	DUE		nary incom	1031						
Canditians, if or	ny, which gave)		rioscleroti	ic V	ascular Di	sease				
rise to immedi stating the und										
last.	deriving coose	(c)								
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN	IN PART 1(a)		19. WAS A	UTOPSY RMED?
AUTION	***								YES X	NO [
20g. EXTERNAL PRIMARY CAUSE OF DEATH CAUSE OF DEATH Hour		20b. DES	CRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in	Part I ar Part	II af item 1B.)			
PRIMARY Lar C	CONTRIBUTING 1.									
20c. TIME OF I	NJURY Manth, Day, Year				E OF INJURY (Hame, farm		(City ar town)	(Cou	unty)	(State)
Hour Hour	o.m. p.m. 19	While at work	Nat While at wark	tocto	ory, street, affice bldg., etc.)					
21. I cert	rify that I taak charge	e af the rem	ains described aba	ve, hel	d an Autapsy 🕱 ,	Inspectio	n , In	quiry 🔲,	and in m	y apiniar
death resi	ulted fram: Natura	al causes 🕽	, Accident ,	Suici	de , Hamicide	Un Un	determined	manner []	
	55	36	1/		CHIEF MEDICAL	EXAMINER				
ACTUAL SIGNATURE	Nelle	18	ett 2		M.D. ASSISTANT MED			0		TE SIGNED
EXAMINER'S					DEPUTY MEDICA			3-18-	*	
NAME (Type)	Dr. E. W. D		Jr.				r county) Ha			
23a. BURIAL, CREMA	TION, 23b, DATE TH	EREOF	23c. NAME OF CEMETE	RY OR (REMATORY	23 d. LOC	ATION (City or 1	(awn)	(County)	(State)

Boonsboro Cemetery

ADDRESS

Boonsboro,

PEGISTRARIE SIGNATURE

MAR 2 1 1967

REMOVAL (Specify)

FUNERAL DIRECTOR

20-67

John H. Bast, Jr. 112 N. Main St. Boonsboro Md

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours after death.

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alang with form

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death.

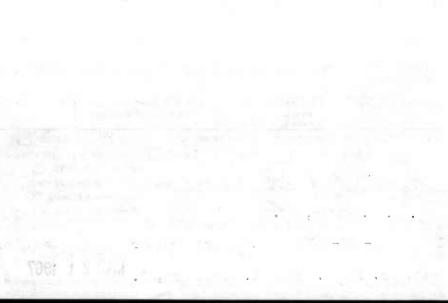
necessary, please execute the certificate, writing the word "pending"

deloy PM3. Pol and 3

in pencil in Item 18. Give Pages 1,

VR A15ME (5): 6M 1/66

moy be retained for yaur files.



Ball E. L. Land Country of the Count

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DADAE

U434	4		CERTIFICA	IE OF DEATH		リ生	049
PLACE OF DEATH					Where deceased lived, if in	COLINTY	nce befare admission)
∘ Washir	ngton		MARYLAND	"Maryla	nd Washi	ngton	
b. CITY OR TOWN	(If autside carparate limits	,	c. LENGTH OF STAY IN 1b		utside carparate limits, wri	•	ve nearest tawn)
	nd give nearest tawn) LILE P.O.B		ll Yrs	Chew	sválle Box	# 92	21-1
d. NAME OF HOSP	ITAL OR INSTITUTION (If no	ot in haspital, giv	e street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Wa	altz Road			Wa	ltz Road		YES ND
. NAME OF	Fi		Middle	Lost	4. DATE	Manth	Day Year
(Type or print)	VICT	OR	(NMN)	SMITH	OF Mar	ch 831	.967/ 19
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE DE BIRTH	9. AGE (In ye	ars IF UNDER ay) Manths	
Male	White	WIDOWED [DIVDRCED	Oct 10 189		yrs. maritins	Days Haurs Min.
a. USUAL OCCUPATIO	ON (Give kind of work done glife, even if retired)	10b. KIND	O OF BUSINESS OR ISTRY		& State, ar foreign country) Alleganey	Pa.,12. C	ITIZEN OF WHAT OUNTRY? USA
. FATHER'S NAME	.A.		pstrk	14. MOTHER'S MAIDEN	- 0	001	USA
	le A (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				ne Keuster		
C WAS DESTASED D	h A. Smit	14 50	CIAL SECURITY NO.	7. INFORMANT	ie keuster	Address	
Yes na, ar unknown	(If yes give war or dates of	f convice)			n ! 11: 01		
		7		rs Corena S Waltz H	Smith Chew	sville	
18. CAUSE OF I	DEATH (Enter anly ane cau ATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE	(o) Metast	ases, abdom	inal & genera	lized		3 Months
152	, , , , , , , , , , , , , , , , , , , ,	TO Season					3 months
Conditions, if an		(b) Darcon	a, primary	In Jejunum			certain
stating the und		10					
last.)	(c)					
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO		TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1	(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT W			None				YES NO X
I HE EHREK, NUHE	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HDW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II af item 1	8.)	
20c. TIME OF IN Haur o	JURY Manth, Doy, Year J.m. 19	20d. INJI While at wark	Nat While	PLACE DF INJURY (Hame, farr factary, street, affice bldg., etc.		vn) (Co	aunty) (State)
21. I cert	tify that (I) (this loss deceased alive on Ma	pitol) attende	d the deceosed fram	Feb. 28 ,	1967 , to Mar	8 , 19g	67, that (I) (xxx) la
22d. SIGNATUR			1727, ullu l	nui deam occorred di	Us 1 J III, Iraili tat		DATE SIGNED
19/19	1 /cym -	nh	2.	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.		ME STORES
22 PHYSICIÁN NAME (Typ		. Layma	n, M.D.		essional Ar	ts Bldg	, Hag., Md.
3a. BURIAL, CREMAT	IDN, 23b. DATE TH	REOF	23c. NAME OF CEMETERY	DR CREMATORY	23d. LOCATION (City	or Tawn)	(County) (State)
RECYL LIPS	1 3/13/6	7	Cedar Law	n Mem. Park	Hagersto	wm Was	sh Co Md
24. FUNERAL DIRECT	or Hagers	town N	ADDRESS	2Sa. REC	D BY REGISTRAR 25	b REGISTRAR'S	
Andrw	k. Collman	i Funer	al Home In	1C MAR	1 4 1967	Marke	y Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remafe authon papers. Pages shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any eyent, within 72 haurs as Page 4 may be retained by the haspital ar attending physician.

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Waynesboro Pa.

REC'D BY REGISTRAR

1967

executed within 24 haurs after death campletely filled in by the funeral nove carban papers. Pages 1 and carban papers. rent, within 72 h event remove and in any ATTENDING PHYSICIAN: The law requires that the death certificate be the attending physician sit permit. Then please remaval, signed by 1 Page 4 may be retained by the haspital ar attending physician. stached far use as the Dept. af Health priar ta 10 FUNERAL DIRECTOR: After this certificate VR A15 (4) 20 M 1/66

FUNERAL DIRECTOR

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	orode sayah			FERNAL ST
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	tab.		stored	
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	ferred territ.		Teolog.	Laxinati
T. F. SCHERCE	real various, les			0
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		The said		
		ele un respect de la company la colonia de la colonia de la colonia de la colonia de		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages—1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

20 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01.210

U434b			_ 01		U 20	34
1. PLACE OF DEATH a. COUNTY				NCE (Where deceased I		sidence before admission)
a. County	motral	******	a. STATE	ruland	b. COUNTY	- Lindan
b. CITY OR TOWN (if out	rside/cornorate limits	MARYLANO c. LENGTH OF STAY IN 1b		1	Imite write PIIPAL	and give nearest town)
write RURAL and give	nearest town)	C. LENGIN OF SIAI IN 10	C. CITT OK TOWN	(II outside corporate	milits, write KONAL	and give nearest town)
CUILIAY	nsport	Vyn GOAYS	Kall	te Tah	AYDSBUYO	9 21.1
d. NAME OF HOSPITAL O	R INSTITUTION (if not in h	nospital, give street address)	d. STREET ADDRES	SS	/	e. IS RESIDENCE
YIIIII Dan	snort Son	itarium				ON A FARM?
William						YES NO A
3. NAME OF OECEASED	First	Middle	Last	4. DATE OF	Month	Oay Year
(Type or print)	-eorge	Robert &	Snyder	DEATH //	Arch 24	1967
i. SEX 6. COL	OR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE	In years IF UNDER 1	LYEAR IF UNDER 24 HRS
Male list	. 2		2. 1. 211 1	and last I	Irthday) Months	Oays Hours Min.
11/14/E 100/)	Ite WIDOWED		10/424,1	0// 0/	yrs. 8	TIZEN OF WHAT
10a. USUAL OCCUPATION (Give during most of working life,	even if retired)	KIND OF BUSINESS OR STOTE	WIN BIRTHPLACE	(County & State, or fore	gn country) 12. C1	TIZEN OF WHAT UNTRY?
Gardner	Ci	ty Park	SCYAPPI	1. TIPSTV	rainia.	YLS.A
13. FATHER'S NAME			14. MOTHER'S MA	AIDEN NAME		
0.4	9 /		V116.	- Julium in	1.26 m	
MONN -	myder		KAtheri	ne Eliza	DE EN 1111	mich
15. WAS DECEASED EVER IN U (Yes, no, or unknown) (If yes gi			INFORMANT		Address	1 . 1
No	21	5 20 8456 A mr	S MAYIN HA	inspll Pt.	# 1 Sharps.	avg. Md.
I 18. CAUSE OF DEATH [Enter only one cause per		3.000	10011 110		INTERVAL BETWEEN
PART I. DEATH WAS		101 (a), (b), and (c).1	112200	11. 11.	/.	ONSET AND DEATH
	DIATE CAUSE (a)	revedual	00000	lov He	u ourles	2 Gue"
3.31X	OUE TO		Dia	- (
Conditions, If any, wh	ich l	evehual.	HILON	090 pu	25	
gave rise to immedia	ate (11000			
cause (a), stating	the OUE TO					
underlying cause last.	(c)					
PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTRIB	UTING TO OEATH BUT NOT RELA	TED TO THE TERMINA	L DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFIC						YES NO
20a. ACCIDENT WAS UN	DERLYING 20b.	OESCRIBE HOW INJURY OCCU	IRRED. (Enter nature	of Injury in Part I or	Part II of Item 18.)
K OR CONTRIBUTING C	AUSE OF DEATH	occombe non mon occo	Mices (Little Haters	oja.,		,
	JICAL EXAMINER)					
20c. TIME OF INJURY	Month, Day, Year 20d.		CE OF INJURY (Home ry, street, office bldg.		r town) (Cou	nty) (State)
Hour a.m.	While 19 at wor	Not while	ry, street, omicobidg.	., 610.)		
					***	11 1 (1) () 1
		ded the deceased fromJ		19_660, to		_, that (I) (we) las
	alive on March 2:	2 19 67, and that	death occurred a	$t \angle P M$, from the	causes and on th	ne date stated above
22a. SIGNATURE	MAM	00				ATE SIGNED
///	IIIII X	M.D.	ATTENOING PHYS.		AFF 3-2	27-61
22c. PHYSICIAN'S	10	may	22d. ADDRESS		Potomac St	mont
NAME (Type)	4. E. BYRKIT				port. Mary	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23D. DATE THEREOF	23c. NAME OF CEMETERY			(City, town or cou	
Burial	March 28-67	Reform Church			dstown, W.	
24. FUNERAL OIRECTOR		AOORESS		REC'O BY REGISTRAR		
Albert I. 1	Leaf Williams	mort. Md	DATE	TH 29 1967	youares	1 July
77-07-0 70 7	Town HTTTTGIIID	Por o, The	DATE		1/	0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

A No.		04347
er death fune al 1 and 2 er death.	1.	PLACE OF DEATH O. Washington
urs afte bages urs afte	_	b. CITY OR TOWN (If outside corporot write RURAL and give neorest town Hagerstown
n 24 ha illod-in b papers. iin 22 ha	00	d. NAME DF HOSPITAL DR INSTITUTION 1509 Virginia A
executed within and campletely fill remave carbay prong event, within		NAME OF DECEASED
ted ple	_	(Type or print) USEX 6. COLOR OR RA
executed nd camplet emave car any event,		Male White
e death certificate be executed within 24 haurs after attending physician and campletely filled-in by the permit. Then please remave carbar papers. Pages an, ar remaval, and in any event, within 10 haurs after at the permit and in any event.		. USUAL OCCUPATION (Give kind of worling most of working life, even if retired)
ficat ysici ple ple al, a	13.	FATHER'S NAME
certif		Jacob Milton Sny
attending permit. T pan, ar ren	IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FO is no, or unknown) (If yes give wor or
the law requires that the attending physician. has been signed by the eas the burial-transit I h priar ta burial, cremati	ICATION	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE 4500 Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDIT
PHYSICIAN: 1 the haspital ar this certificate detached far us e Dept. af Healt	MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER
JING PHYSIC by the haspii tfer this certi be detached State Dept. at	MEDICA	20c. TIME DF INJURY Month, Doy, 'Hour'o.m. p.m.
DING I by t After I be d State	9	21. I certify that (I) (thi
ATTENI etained CTOR: A shauld vith the		saw the deceased alive
OR ATTENI be retained DIRECTOR: A ge 3 shauld led with the		220. SIGNATURE EU
HOSPITAL OI Be 4 may be UNERAL DIR ectar, page auld be filed		22c. PHYSICIAN'S NAME (Type) Dr. E.
TO HOSP Page 4 TO FUNE director shauld	230	BURIAL, CREMATION, 23b. D. REMOVAL (Specify) 3-
VR A15 (4)	24	FUNERAL DIRECTOR

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmiss o. STATE
c CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Hagerstown d. STREET ADDRESS 1509 Virginia Ave. Lost 4. DATE OF DEATH March 15, 19 8. DATE OF BIRTH August 10, 1883 9. AGE (In years lost birthdoy) August 10, 1883 9. AGE (In years lost birthdoy) 83 yrs. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 22
d. STREET ADDRESS 1509 Virginia Ave. Lost 4. DATE OF DEATH March 9. AGE (In years lost birthdoy) August 10,1883 9. AGE (In years lost birthdoy) 83 yrs. 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY 2
Lost 4. DATE OF BIRTH 9. AGE (In years lost birthdoy) August 10,1883 9. AGE (In years lost birthdoy) 83 yrs. 7 5 Haurs 7. Lost OF WHAT (COUNTY 22.20)
Lost 4. DATE OF DEATH Month Doy You DEATH March 15, 19 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) August 10, 1883 87 yrs. 7 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY 22
8. DATE OF BIRTH August 10, 1883 9. AGE (In years lost birthdoy) 87 yrs. 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY 2. COUNTRY
August 10, 1883 83 yrs. 7 5 Haurs 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY 2
11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
Mt. Carmel, Maryland U. S. A
Ella Hildebrand
INFORMANT Hagers bown, Md.
s. Goldie D. Snyder, 1509 Virginia Ave
Vascular Disease 5 year c Chronic 1 year the terminal disease condition given in part I(a) 19. WAS AUT
PERFORA YES
). (Enter noture of injury in Port I or Port II of item 18.)
LACE OF INJURY (Home, form, octory, street, office bldg., etc.)
July 1, 1963, ta March 15, 1967, that (I) (at death accurred at 5 A. M, fram causes and an the date state
A.D. ATTENDING MED. STAFF 22b. DATE SIGNED MED. PHYS. March 17, 1
Hagerstown, Md.
R CREMATORY 23d. LOCATION (City or Town) (County) (County) ed Cemetery Rural Hagerstown, Md.
oro, Md. MAR 2 1 1967 To registrate Signature
i i i

. 25. The state of the largest of the state of the CONTROL OF ANY AND ANY MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04348 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY ASHINGTON MARYLAND papers. Poges 1 iin 72 haurs ofter b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? ASERSTOWN TAGERSTOWN e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO L NAME OF Middle 4. DATE Dov Year DECEASED (Type or print) vent, 19 DEATH IF UNDER 1 YEAR DATE OF BIRTH AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED remove lost birthday) Months Doys Hours 3-31-67 ond in ony DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removol, INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO burial Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse stoched for use os the Dept. of Health priar to lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (Stote) 20d. INJURY OCCURRED (City or town) (County) Hour o.m. factory, street, office bldg., etc.) Not While Stote [ot work 21. I certify that (I) (this hospital) attended the deceased fram. 1967, to 196 (that (I) (we) last director, page 3 should should be filed with the Z, and that death accurred at 4:10AM, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE DATE SIGNED M.D. DIRECTOR -22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) F. D. DOVE. 214 N. POTOMAC ST. HAGERSTOWN, MD. JR. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 1967 WASHINGTON COUNTY HOSPITAL HAGERSTOWN WASH. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

.⊑ completely filled certificate be executed within physicion requires that the death signed by the burial-transit be retained by the hospital or attending has been certificote TO FUNERAL DIRECTOR: After Page 4 may

MARKO LANGUE AND MINING MARKET OF STREET 7. 6.1 Chr. 25.55.55 1916 4505 1710 Charles and Colorer From Land Colorer & Charles & Thereway Bride Fire Frederic 5000 STANKE WHITE STANKE STANKE alexagenala Marino de Sa LAURENCE LUERETT STENDET PATRICIA PLIEF MICHERARA Mer HER LE FOR MERKER PRINT t o Na. STEEL STORY THE THE PARTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04349	CERTIFICATE	OF DEATH		04350	
I. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived, if institu Wash for	otian: Residence bef	are odmission)
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Hagerstown	C. LENGTH OF STAY IN 16		de carparate limits, write Rl	JRAL and give near	rest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit Washington ounty Ho	al, give street address)	d. STREET ADDRESS	lberry St		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print) CLARENCE W	ILLIAM STOU	JFFER 4	OF March	8 1967	ay Year
S. SEX 6. COLOR OR RACE 7. MARRI Male White WIDOW		Dec. 16 188	9. AGE (In years lest birthday) yrs.	Manths Days	
IDa. USUAL OCCUPATION (Give kind of work dane during most of working life, even if reflied) SuptoI Malls U.S.P	o. KIND OF BUSINESSET LITED		tate, ar fareign country) A e Wash Co	Id12. CITIZEN COUNTRY US	OF WHAT
W. Cornelius S	touffer 16. SOCIAL SECURITY NO. 17. 1	Emma C.	Hull		
(Yes no or unknown) (If yes nive war or dates of service)		hn R. Stouf		gerstow	a
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause DUE TO	far (a), (b), and (c).)	e ham	erboro Ros	11	NTERVAL BETWEEN INSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(a)		P. WAS AUTOPSY PERFORMED?
2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. Time OF INJURY Manth, Day, Year Haur'o.m. W	DESCRIBE HOW INJURY OCCURRED. (t I or Part II af item 18.)		YES NO
2Dc. TIME OF INJURY Manth, Day, Year Haur o.m. p.m. 19	d. INJURY OCCURRED 2De. PLAC thile Not While factor wark at wark	E OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	2Df. (City ar tawn)	(Caunty)	(State)
21. I certify that (I) (this haspital) att	ended the deceased fram	death occurred at 64	ta 3/8 FCP M, fram causes	, 19 <u>67</u> , t	that (I) (we) la
22a. SIGNATURE OLEM VICa	mys bell MD	ATTENDING ME PHYS. DTR	D. STAFF PHYS.	22b. DATE SIG	(D/6)
NAME (Type) Koberl V.L	"Campbell	140		un mod	
230. BURIAL, CREMATION, REMOVAL (Specify) 23/12.67	23c. NAME OF CEMETERY OR C	emetery	23d. LOCATION (City or Id Bakersvill	e Wash	Co Md
Andrew K. Coffman Fu	neral Home Inc	MAR I	4 1967 250	GISTRAR'S SIGNATU	JRE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and cample felly filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages and should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours office carbon. Page 4 moy be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04350

CERTIFICATE OF DEATH

04351

	02000			CEICITI	CALL	VI DEATH			01001		1
	PLACE OF DEATH o. COUNTY	WASHING!	ron	MARY	LAND	2. USUAL RESIDENCE (VO. STATE MARY		eosed lived, if institut b. COUI	ion: Residence bet	ore odmissio	on)
	b. CITY OR TOWN (If write RURAL and HA	outside corporate limits, give negrest town) GERSTOWN		c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If ou	diside corpo		RAL ond give neor	est town)	
		ANOR CONV.	_	ive street oddress)		d. STREET ADDRESS 1004 MUL	BERR	Y AVENUE		e. IS RESIL ON A F	
	NAME OF DECEASED (Type or print)	First CLARENC		Middle GASKILL	TOM	Lost ILINSON	4. DATE OF DEAT	H MARCH	th 9	oy Ye	^{ar} 67
	SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DEC. 2,1897	7	9. AGE (In yeors lost birthdoy) yrs.	Months Doys		Min.
dur R	ing most of working li ETIRED MA	(Give kind of work done fe, even if retired) CHINIST		ND OF BUSINESS OR DUSTRY LIROAD		11. BIRTHPLACE (County & PHILADELP		foreign country) CO., PENN.	A. 12. CITIZEN COUNTRY	OF WHAT	
13.	FATHER'S NAME	BERT S. TOM	ILINSO	N		14. MOTHER'S MAIDEN N		MARY NEA			
15. (Ye	WAS DECEASED EVER	IN U.S. ARMED FORCES? If yes give wor or dotes of s		SOCIAL SECURITY NO. 05-10-4622		NFORMANT H		STOWN, MAN NSON 1004		Y AVE	
			Pyelo	(o), (b), ond (d).) onephritis						NTERVAL BET DNSEI AND D	
	Conditions, if ony, rise to immediate stating the underl	couse (o), (Prote	eus			8		4	days	
NO	PART II OTHER SIG	NIFICANT CONDITIONS CON	TRIBITING T	O DEATH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE CON	NDITION GI	VEN IN PART 1(o)	1	9. WAS AUTO PERFORM	OPSY IED?
CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING D	CAUSE OF DEATH				Lioma? Enter noture of injury in I	Port I or F	ort II of item 18.)		YES	NO 🔣
MEDICAL ((IF EITHER, NOTIFY M 20c. TIME OF INJUI Hour o.m	RY Month, Doy, Yeor	20d. IN While of work			E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(County)	((Stote)
	21. I certify	that (I) (this hospi	tal) attend	led the deceased t	fram_De	death accurred at	9.65 7:50	to March 9 M, from couses	, 1%7_, and an the do	that (I) (we) last labave.
	220. SIGNATURE	J. Jey	man		M.D		MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG		1967
	NAME (Type)	WILLIAM T.				PROFESSIO		ARTS BG.			
	BURIAL, CREMATION	MARCH 1				CEMETERY	HA	CERSTOWN,	MARYLAN	ND .	itote)
	I. FUNERAL DIRECTOR CHARLES M	. ROUZER H	AGERS	ADDRESS TOWN, MARY	LAND	2So. REC'D	R I	JRAR 1967 25b. RE	PORABS SIGNAT	Judg	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the faneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages Land shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after beat

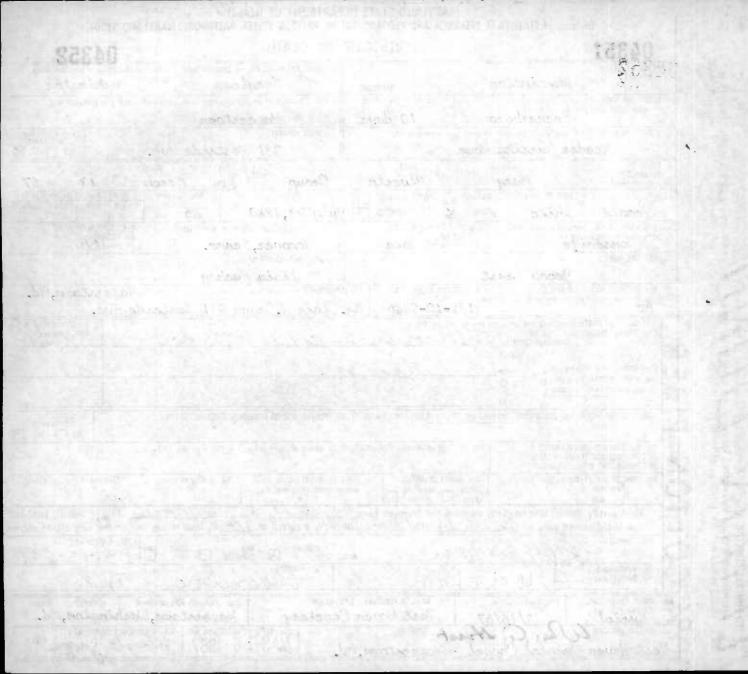
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 04351 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Washington b. COUNTY Maryland Washington MARYLAND filled in by the fa on papers. Pages Within 72 haurs aft b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 10 days Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Reeder Nursing Home 231 Westside Ave. YES NO DO and campletely fi remaye carbon in any event, with Middle 4. DATE 3. NAME OF Lost Month Doy Year DECEASED Alverta Troup March Mary 19 67 (Type or print) DEATH 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Hours July 23, 1880 Temale. White K and in any WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a ten please during most of working life, even if retired) INDUSTRY Home COUNTRY Hanover, Penna. 13. FATHER'S NAME burial, crematian, ar remaval, Jacob Ernst Lidia Auchey 17. INFORMANT Address Hagerston, Md. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dotes of service) 175-10-5886 Mr. Clair H. Troup 231 CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying cause be detached far use as the State Dept. af Health priar ta has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased from 196 filed with the 1964 and that death occurred at 11A M, from couses and on the date stated above. sow the deceased olive on Mencela 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF BURIAL, CREMATION 23d. LOCATION (City or Town) REMOVAL (Specify) Hagerstown, Washington, Md. Rest Haven Cemetery 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Hagerstown, Md.

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1967

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 PLACE OF DEATH COUNTY 	ACE OF DEATH			2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)		
Washi:	notan	MARYLAND	o. STATE b. COUNTY Maryland Washington			
b. CITY DR TDWN	(If outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If o	utside corporote limits, write RURA		
write RURAL o	nd give neorest town) sville	Life	Voodssess	11.	01-1	
4 NAME OF HOSE	TTAL OR INSTITUTION (If not in		Keedysvi	rie	T e IS RESIDENCE	
		nospiroi, give siteel address)			e. IS RESIDENCE ON A FARM?	
	Main St.		54 N. Ma		YES NO 🔀	
NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year	
(Type or print)	Thomas	Ray Va	alentine	DEATH March		
. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HR	
Male	White V	WIDDWED DIVORCED	Dec. 16, 1	905 lost birthdoy)	Months Doys Hours Min	
	ON (Give kind of work done	1Db. KIND OF BUSINESS OR		& Stote, or foreign country)	12. CITIZEN OF WHAT	
uring most of working	ig life, even if retired)	INDUSTRY Furniture			COUNTRY?	
3. FATHER'S NAME	a cet.	rurniture	14. MOTHER'S MAIDEN	ille, Md.	U. S. A.	
	100					
	am A. Vatentin		Martha E			
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES?) (If yes give wor or dotes of ser	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address		
NO •) (II yes give wor or doles of set	214-09-6677 M	r. C. Foster	Valentine, Kee	dvsville. Md.	
18. CAUSE OF PART I. DI	DEATH (Enter only one couse p ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), and (c).)	eard-le	Julanet	INTERVAL BETWEEN ONSET AND DEATH	
420		· 0	מ	-0	- July 4, 76	
Conditions, if or	ny, which gove) (b)	theres lund	'e hear	11/ con	Tean	
rise ta immedi	ofe couse (o), (R				
stoting the uni	lerlying couse (c)					
		TO DESTRUCT TO DESTRUCT DISTRICT TO	THE TERMINAL PRESACE CO.	AND THOSE OF THE PART AND	19. WAS AUTOPSY	
5 PAKI II. UIHEK	SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NUTTION GIVEN IN PART 1(0)	PERFORMED?	
\$					YES ND	
OR CONTRIBUTION	AS UNDERLYING □ IG □ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Part I or Port II of item IB.)		
Hour.	JURY Month, Doy, Yeor o.m. 19	2Dd. INJURY OCCURRED 2De. PL While Not While fo	ACE OF INJURY (Home, forr ctory, street, office bldg., etc.	n, 20f. (City or town)	(County) (State)	
21 cer	tify that (1) (this haspita	l) attended the deceased fram_	12-1-	1965 to 3-3-	, 19 <u>6 7</u> , that (I) (we) I	
saw the	deceased alive on 3	- 3 - 1967, and the	at death accurred at	R M, fram causes ar	nd an the date stated aba	
220. SIGNATUR					22b. DATE SIGNED	
		wari M	A.D. PHYS.	MED. STAFF PHYS.	3-+-67	
22c. PHYSICIAN NAME (Typ		SECONDARI	22d. ADDRESS	KOONS BOR	, Md	
230. BURIAL, CREMA REMOVAL (Spec	TION, 23b. DATE THEREO			23d. LDCATIDN (City or Town		
		I TOTT ATOM (Cemetery	Keedysvill	e. Md.	
24 FLINERAL DIREC	TOD	ADDRESS	Taca DEC	D BY REGISTRAR 25b REGI	CTD'AD'C CICNATIIDEA	

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then place remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificote be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

A CONTRACTOR OF THE PARTY OF TH regulation of the section of the sec THAT MAN THE REAL PROPERTY AND THE PARTY OF
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	3		CERI	TIFICATE	OF DEATH		04354	
o. COUNTY	Washingt	ton	N	MARYLAND	2. USUAL RESIDENCE (V o. STATE Md.		COUNTY	sh •
b. CITY OR TOWN (1	outside corporote limits	,	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If ou	tside corporote limits, w	rite RURAL ond give	nearest town)
Hagerst	give neorest town)		lif	0	Hagerst	own		21-1
d. NAME OF HOSPITA	L OR INSTITUTION (If no	t in hospitol, g	ive street oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Washing	gton Count	ty Hos	spital		324 Vis	ta St.		YES NO
3. NAME OF DECEASED (Type or print)	DOR:		Middle MARI		Lost ULGAMOTT	4. DATE OF DEATH	Month March	Doy Year 262 19 6
female	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MAR		Peb. 24, 1	9. AGE (In y	eors IF UNDER 1 doy) Months yrs.	Doys Hours M
Oo. USUAL OCCUPATION during roost of working I	(Give kind of work done ite even if retired)		ND OF BUSINESS OF DUSTRY	R	11. BIRTHPLACE (County Hagersto	State, or foreign country wn, Md.		IZEN OF WHAT UNTRY?
13. FATHER'S NAME	Dørrick H	F. Byr	ď		14. MOTHER'S MAIDEN N	s B. Ashl	by	
	R IN U.S. ARMED FORCES? (If yes give wor or dotes of		OCIAL SECURITY N		NFORMANT S. Jack Os	borne, Ha	Address	wn, Md.
1B. CAUSE OF DE PART 1. DEAT	ATH (Enter only one coust H WAS CAUSED BY: IMMEDIATE CAUSE (1/	(0), (b), add (c).)	Logar	2 /2801	40014		INTERVAL BETWEEN
Conditions, if ony,	which gove)		1					/
rise to immediate stating the under last.	e couse (o), lying couse	(b) TO (c)					enj fe	
PART II. OTHER SIG	INIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	SCRIBE HOW INJUR	Y OCCURRED. (Enter noture of injury in f	Port I or Part II of item	1B.)	
20c. TIME OF INJU Hour o.m	10	20d. IN While at work	JURY OCCURRED Not While at work		E OF INJURY (Home, form ory, street, office bldg., etc.)	, 20f. (City or to	wn) (Cou	inty) (Stote
	y that (1) (this has eceased alive an	pital) attend	led the deceas			700 AM, fram co		, that (I) (we) ne date stated ab
220. SIGNATURE	purdegar	les		М.С		MED. STAFI		ATE SIGNED
	EAL	Amdi:	1/2/		22d. ADDRESS 4	- NO YAKA	Al Ha	y Ur Read I
22c. PHYSICIAN'S NAME (Type)			27					
	3-29	- //	23c. NAME OF C	CEMETERY OR C	Cemetery		or Town) COWN, MC	

1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the attending physician and campletely filled in by the <u>Tuneral</u> directar, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages—and should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after the

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are and not limited and the same and th THE STREET STREET Law Equal - during made nikelind The state of the s . Sc Hafern Domain white the second of the second of the second . Del . Delo - del Sell ... to late to a small The state of the s S. The Market on openion of the State of the MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04354

CERTIFICATE OF DEATH

0300		CERTITICATI	L OI DEAIN		4000
. PLACE OF DEATH					rtian: Residence befare admission)
a. COUNTY	Washington	MARYLAND	o. STATE Max	vland b. col	Washington
b. CITY OR TOWN	(If autside corparate limits,	c. LENGTH OF STAY IN 1b		utside carparote limits, write Rl	
write RURAL	and give neorest tawn)		,	Pen Mar, Penn	,
Rural	Pen Mar, Pen	na. 47 yrs	d. STREET ADDRESS	Ten neg, Tenn	e. IS RESIDEN
d. NAME OF HOSE	PHAL OR INSTITUTION (IT NOT IN	hospital, give street address)	d. SIREEL ADDRESS		ON A FARI
. NAME OF	First	Middle	Lost	4. DATE Mor	
(Type ar print)	Earl	Dean	Werdebaugh	OF DEATH M	larch 27 1967
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24
Male	White	WIDOWED DIVORCED	11/23/1892	last birthday)	Months Days Haurs
Oa. USUAL OCCUPATI	ON (Give kind of work dane	10b. KIND OF BUSINESS OR		& Stote, or foreign country)	12. CITIZEN OF WHAT
	ng life, even if retired)	INDUSTRY Frances	Franklin, F		U.S.A.
Cler 13. FATHER'S NAME		Railway Express	14. MOTHER'S MAIDEN		U.U.A.
	S. Werdebaugh VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Greenwood	rocc D 1 1
	(If yes give war ar dates af se	rvice) === d oo \ (=/			DOY HH
no_		173-03-4010	Mrs. Thelma	Werdebaugh	Pen Mar, Penn
	DEATH (Enter only one cause p	per line for (a), (b), and (c).)	1		INTERVAL BETWE
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	Coronary Oc	clus un		ONSET AND DEA
42		1 0 1	,	1 1 1	0 62 110
	ny, which gove) (h)	artisus, leader	is land	us Durantas	Day 5 414
rise to immedi	iate couse (o), (/
last.	(c)				
		RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISPASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOP
S I III VIII K	The second control of the second	TO DESIGN TO RESIDE TO	TENTINE DIVERSE CO		PERFORMED YES NO
20o. ACCIDENT V OR CONTRIBUTION	WAS LINIDEDLYING FT	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of initial in	Part Lor Part II of its - 10.)	I IES NC
OR CONTRIBUTI	VAS UNDERLYING □ NG □ CAUSE OF DEATH	ZUD. DESCRIBE HOW INJURY OCCURRED.	. (cuter noture of injury in	run I or ran il at item IB.)	
(IF EITHER, NOTI	FY MEDICAL EXAMINER)			I and item	70
20c. TIME OF II	NJURY Month, Day, Year		ACE OF INJURY (Home, fare ctary, street, affice bldg., etc.		(County) (Sto
ž	p.m. 19	at wark at work	ciary, sireer, arrice sidg., etc.	7	
21. I ce	rtify that (I) (this hospite	ol) attended the deceosed from &	las 16 27 ,	1967, to Ma, ch	27, 19 67, that (1) (w
sow the	deceosed olive on	4. 6 27, 19 AT, and the	at death occurred of	111145M, from couses	ond on the dote stated o
22o. SIGNATUI		0, 1		-	22b. DATE SIGNED
1	Toly 1.	they be N	A.D. PHYS.	MED. STAFF DIRECTOR PHYS. [JEF March 1
22c. PHYSICIA		1 1/1	22d. ADDRESS		
NAME (Ty	pel RoberT	A. KEFER. H	+ Blue	RIPLE SU	WHIT PA
23a. BURIAL, CREMA	TION. 23b. DATE THEREC	OF 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or T	awn) (Caunty) (Stat
REMOVAL (Special	3/30/1				Franklin, Pa
		ADDRESS			REGISTRAR'S SIGNATURE
24. FUNERAL DIREC	$II \qquad VU$		AAAD		liarles Judge
MAI	tes 4 ATROS	Waynesboro. P	enna. DMAR	30 1967 82	Lank Sonson

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after deat

VR A15 (4) 20 M 1/66

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Laure Occursood aread florry S. Jordonogh State Control ter. Totalun unrecomment - en entre entre

Haymoribord, Mrendiin, Ed.

A La Marine De Ponto. | Well I

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

3

04355	CERTIFICATE	OF DEATH		14356
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where dec o. STATE Maryland	eosed lived, if institution: Re b. COUNTY Washingt	
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside com Boonsboro	orote limits, write RURAL one	d give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi		d. STREET ADDRESS 115 N. Main	S+	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED	Middle	Lost 4. DAT	E Month	Doy Year
S. SEX 6. COLOR OR RACE 7. MARRIED FROM BLOWN WILLIAM	NEVER MARRIED 8	MACCIET DEA DATE OF BIRTH Jan. 26, 1882 11. BIRTHPLACE (County & Stote, o	9. AGE (In years IFUN last birthday) Mont	NDER 1 YEAR IF UNDER 24 HRS.
during most of working life, even if retired) IND	DUSTRY 1 Home	Boonsboro, Mo	9	COUNTRY? U. S. A.
William Wheeler		Laurette Mil		
(Yes, no, or unknown) (If yes give wor or dotes of service)		rs. Charles L. 1	Address Meredith, Boo	nsboro, Md.
1B. CAUSE OF DEATH (Enter only ane cause per line to (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse (c) [ost. (c)	- a of m	lades 4	lone	INTERVAL BETWEEN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION (SIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or	Port II of item 18.)	100
Haur o.m. While at work	Not While factor	E OF INJURY (Home, farm, 20 pry, street, office bldg., etc.)	mundin	(County) (Stote)
21. I certify that (I) (this haspital) attends	ed the deceased from		M, fram causes and c	that (I) (we) last on the date stated above.
22c. SIGNATURE 22c. PHYSICIAN'S	an M.D	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF	nnah 3 1963
NAME (Type)	Van	15000	ifloro,	mg
230. BURIAL, CREMATION, REMOVAL (Specify) 3-4-67	23c. NAME OF CEMETERY OR C		LOCATION (City or Town) Boonsboro	(County) (State)
24. FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Ma	ADDRESS	250. REC'D BY REG	STRAR 25b REGISTRA	P'S SIGNATURE Judge

FOR STATE HEALTH DEP P.M3. Page de within 24 hours after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages long? with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event Worthin 72 haurs ofter death the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form This certificate shauld be executed within 24 hours after death. If necessary, please execute the certificate, writing the word "pending" TO DEPUTY MEDICAL EXAMINER:

5 may be retained far your files.

04356	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	4357	
PLACE OF DEATH Washington	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence of the county of Maryland Washingt		
b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and g	live negrest town)	
write RURAL and give nearest town) Hagerstown	1 Week	Hagerstown 21,/		
d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?	
Washington County	Hospital	2417 Penna Ave	YES NOXIX	
B. NAME OF DECEASED (Type or print) GOLDIE DO	ROTHY DAY-WHITI	Lost 4. DATE Month OF DEATH March 22	Doy Yeor 1967 19	
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDI	ER 1 YEAR IF UNDER 24 HRS.	
Female White	NIDOWEDXX DIVORCED	July 14 1888 78 birthdoy) Manths	Doys Hours Min.	
Oo. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	// 2/20	CITIZEN OF WHAT COUNTRY?	
luing most of warking life even interired) SCHOOL leach er	Retired	Prairie Hill andolph C	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Tyson Dameron		Mollie Barnes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT Address Ldon J. Day 2417 Penna Av	re	
18. CAUSE OF DEATH (Enter only one couse p		Hagerstown Md.	INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY:	Intercerebral		onser and death sudden	
331X IMMEDIATE CAUSE (6).	intercerebrar	ilemorringe	Buddell	
Conditions, if ony, which gove) (b)	athrosclerosis	. cerebral	years	
rise to immediate couse (a),	deni-obeterosts	7 00100101	1	
stoting the underlying couse (c)				
- ' ''	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY	
Diabetes mellitus	s; incidental fr	acture, left hip	PERFORMED? YES NO	
200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING CK CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. Pt. fell at ho	(Enter noture of injury in Port or Port of item 18.) me while getting into be	d on 3/14/67	
20c. TIME OF INJURY Month, Doy, Yeor 10:00 p.m. 3/14 19 67	20d. INJURY OCCURRED 20e. PLA: While Not While at work at work	CE OF INJURY (Home, form, pry, street, office bldg., etc.) Home Hagerstown W	County) (Stote) ash. Md.	
21. I certify that Litook charge a			, and in my apinion	
		ide , Hamicide Undetermined manner		
		CHIEF MEDICAL EXAMINER	3/22/67	
ACTUAL SIGNATURE	1 Walk	M.D. ASSISTANT MEDICAL EXAMINER	3/22/67 22. DATE SIGNEO	
EXAMINER'S NAME (Type) Howard N. V	Weeks, M.D.	DEPUTY MEDICAL EXAMINER XX 580 Nor Address (Street, city, town, or county) Hagers	thern Ave. town, Md.	
230. BURIAL, CREMATION, 23b. DATE THEREC			(County) (Stote)	
REMOVAL (Specify) 3/23/67	Mt Carmel Co			
24. FUNERAL DIRECTOR Hagerst Andrew K. Coffin	nan Funeral Home	Inc 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	S SIGNATURE	

VR A15ME (5) 6M 1/66

And the second s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 04357 Pages I and irs ofter depart PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. CDUNTY Washington b. COUNTY Maryland bon papers. Pages 1 MARYLAND Washington by the na b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn) write RURAL and give nearest town) 14 Months Hagerstown Boonsboro completely filled in b nove tatbon papers. d. NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STRFET ADDRESS 125 N. Main St. Washington County Hospital 3. NAME OF Middle Lost 4. DATE Month DECEASED Dollie Wolfe March 30, May (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** lost birthdoy) WIDDWED K DIVORCED Oct. 8, 1876 Female White buriol, cremation, or removal, and in any rem and 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR please during most of working life, even if retired)
Housewife INDUSTRY ottending physician permit. Then please Own Home Zittlestown, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Siman Summers Emma Zittle 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 213-48-6193 Mrs. William Lowery, Rfd. 4, Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit PART 1. DEATH WAS CAUSED BY: Mesenteric thrombosis IMMEDIATE CAUSE (o) DUE TD arteriosclerotic disease Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse the of Health prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) nas CERTIFICATION Pneumonia certificate 20o. ACCIDENT WAS LINDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) 20d. INJURY OCCURRED TO FUNERAL DIRECTOR: After this Hour 'o.m factory, street, office bldg., etc.) of work ot work 21. I certify that (I) (this hospital) attended the deceased from January . 1966 . to March director, page 3 should should be filed with the saw the deceased glive on March 30,1967, and that death accurred at A M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S 580 Northern Ave Howard N. WEeks, M.D. NAME (Type) Hagerstown, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City or Town) 23o. BURIAL, CREMATION. REMOVAL (Specify) 4- 1- 67 Boonsboro Cemetery Boonsboro, 11d. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospital or attending physician.

VR A15 (4)

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md.

2Sb. REGISTRAR'S SIGNATURE Meliantes

(County)

3/31/67

(County)

e. IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

30NSEL AND DEATH

19. WAS AUTOPSY PERFORMED?

1967, that (1) (we) last

ND K

(State)

(Stote)

vears

Doys

COUNTRY?

22

67 19

